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ABSTRACT

This guidebook is a reference for family child care homes and family child care group homes licensed by the State of Alaska. It outlines licensing standards and procedures and serves as a simplified abstract of Alaska child care regulations. The first part is an overview that introduces home child care and licensing. Topics covered include definitions of types of homes; guidelines for considering child care as a career; information sources; purposes and procedures of licensing; and child care as a business and profession. The second part is a section-by-section explanation of state regulations covering the licensing process and program requirements in the areas of: (1) requirements and qualifications of care givers; (2) supervision of children; (3) record keeping; (4) discipline and behavior management; (5) safety and sanitation; and (6) health and nutrition. Appendices provide checklists for license applicants, a summary of licensing requirements, and additional information about health, safety, and policy in home day care. A bibliography and a directory of state agencies are also included. (TM)

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GUIDEBOOK
for Licensed Child Care Homes

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June 1994

State of Alaska, Walter J. Hickel, Governor
Dept. of Health and Social Services, Margaret R. Lowe, M. Ed., Ed S., Commissioner
Division of Family and Youth Services, Deborah R. Wing, Director

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Author's note

This Guidebook is a reference for licensed family child care homes and family child care group homes. We have generally used the terms "family child care" and "home child care" interchangeably. Information applying only to child care centers is not included.

Where the use of a single personal pronoun, such as he, she, his, or hers is necessary, we generally have chosen to use the feminine pronouns instead of the cumbersome "he or she", "his or hers". Of course, all such references apply to subjects of either gender.

Many people contributed to this project by sharing their time and expertise. Special thanks to those who reviewed the drafts and made invaluable constructive suggestions.

Funding for the Guidebook was largely through the federal Child Care and Development Block Grant, whose goal is to increase the quality, availability, and affordability of child care.

I would like to receive your comments about the Guidebook and your suggestions for future editions. Please send communications to:

Jeanie Henry
Alaska Division of Family and Youth Services
P.O. Box 110630
Juneau, AK 99811-0630
(907) 465-3207

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF FAMILY AND YOUTH SERVICES

WALTER J. HICKEL, GOVERNOR

P.O. BOX 110630
JUNEAU, ALASKA 99811-0630
PHONE: (907) 465-3170

May, 1994

Dear Alaska Family Child Care Provider,

I am pleased to present you with the Family Child Care Guidebook. I hope it serves you well. I encourage you to read the Guidebook when you receive it and then keep it handy for easy reference in the future.

Quality child care is needed more than ever because increasing numbers of young children are being cared for out of their homes while parents work or are in training. Child care programs that protect and nurture children benefit all of us, our children, our families and our communities.

You, as a child care provider, are a primary key to quality child care. We congratulate you for choosing to be a licensed child care provider and for your commitment to children. The Division of Family and Youth Services, with its philosophy of family centered service, looks forward to working in partnership with you to protect and nurture children.

Sincerely,

Deborah R. Wing

Deborah R. Wing
Director

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Part 1
Overview

INTRODUCTION

The *Guidebook for Licensed Child Care Homes* is a reference for child care homes licensed by the Alaska Division of Family and Youth Services (DFYS). It outlines licensing standards and procedures and is, in part, a simplified abstract of state child care regulations. Because it is an abstract, it does not include all of the regulations; however, we have tried to cover all those that are most important to you as a provider.

The licensing information applies to home child care providers throughout Alaska, except for providers in Anchorage caring for seven or more children unrelated to them. (They are covered by Municipality of Anchorage regulations.) Requirements that apply only to child care centers are not included.

How the Guidebook is organized

Part 1, Overview, is an introduction to home child care, including a step-by-step guide to getting licensed. It is also published separately as a booklet for license applicants *How to Start a Licensed Child Care Home.* If you have already read the booklet, you can skip to Part 2 of the *Guidebook*.

Part 2, Child Care Licensing Regulations, is a section by section explanation of state regulations (7 AAC 50.124-.275). We have tried to make them as user-friendly as possible. However, the official regulations appearing in the Alaska Administrative Code are the final authority in questions about meaning. Copies are available from your local DFYS Office.

Part 3, Appendices, has additional licensing, health, safety, and program information, a bibliography and a directory.

The State licenses two kinds of child care homes. A **family child care home** is a home where child care is provided for no more than 8 children under the age of 12 (including children related to the caregiver). There may be no more than 3 children under 30 months old or with special needs. No more than 2 children may be non-walking. There always must be at least one caregiver present.

A **family child care group home** is a home where child care is provided for 9 to 12 children under the age of 12 (including children related to the caregivers). There may be no more than 5 children under 30 months old or with special needs. No more than 4 children may be non-walking. There must be at least 2 caregivers present in most cases. (Under certain conditions, one experienced caregiver may care for up to 12 older children. See Section 210.)

Family child care is the most frequently used away-from-home care. Parents choose family child care for many reasons:

- Small groups with more individual attention for children
- Flexible child care hours
- Nightime and week end care
- Home like atmosphere
- Less structured programs
- Brothers and sisters of different ages may be in one care setting
- Adaptable to family emergency needs, such as care of mildly ill children

CHOOSING FAMILY CHILD CARE AS A CAREER

To decide whether family child care is a good career choice for you, consider the satisfactions

and demands of the job. Balance these against your personal characteristics, interests and goals. An excellent book for people considering home child care is *Opening Your Door to Children: How To Start a Family Day Care Program.* (This book may be available at child care resource and referral agencies or your local library.)

Some satisfactions of family child care are:

- You provide valuable services for children and families
- You can care for your own children while contributing to your financial support
- As an independent business person, you are your own boss, manage your own time, and set your own hours
- You use your creative, nurturing and organizational skills

Family child care can be a rewarding career. Careful planning and realistic expectations will increase your success. Providers who leave the field may do so because their expectations were different from reality. Perhaps the impact on their family was greater than expected, or their income fell short of expectations. Ask yourself:

- How many children will I care for?
- What ages will I care for?
- During what hours will I provide care?
- How will this affect my family?
- What fees will I charge?
- Is family child care financially feasible for me? (Try making a budget of how much income you will need to cover your living expenses.)

Discuss your child care plans with your family. A home child care business affects each family member, and you need your family's support. Be sensitive to their concerns. Planning together promotes cooperation.

Where can you get more information?

The Alaska Division of Family and Youth Services (DFYS) and child care resource and referral agencies (R&Rs) are good sources of information about family child care. They answer questions, offer suggestions and provide orientation and training. The R&Rs are: Child Care Connection in Anchorage, Child Care Options in Fairbanks, and Child Care Resources in Juneau. (See the Directory for addresses and phone numbers.)

Experienced licensed providers are an excellent source of day-to-day practical details. You may want to visit providers or serve as a volunteer or substitute in a child care home. DFYS can give you a list of licensed providers in your community. If local caregivers have regular meetings, attending these is helpful.

CHILD CARE LICENSING

What is the purpose of licensing?

The purpose of licensing is to reduce risks to our most vulnerable citizens. It is a preventive service that is an important part of our system for protecting children. Programs that protect and nurture children benefit all of us--our children, our families, and our communities.

Licensing sets standards for an acceptable level of care. Child care homes must meet at least the level of quality specified in the child care facility regulations to operate legally. The regulations reflect the public understanding of the bottom line of acceptable quality to meet the needs of children in care. Many regulations are common sense health and safety provisions.

Who is required to be licensed?

Alaska law requires that persons who regularly provide care in their home for five or more children under age 12 who are unrelated to them must be licensed.

Why should you get licensed?

Licensing, in addition to its primary benefit of protecting children, benefits caregivers. Some economic benefits and financial aid are available only to licensed providers.

The Child Care Food Program partially reimburses licensed caregivers for food served to children. The program promotes balanced, nutritious meals.

The Child Care Grant Program provides monthly grants to licensed homes. Homes may use grants for a wide variety of purposes such as salaries, training, supplies and equipment. The grant amount varies from year to year and depends on state funding. In 1993 the grant was about $23 per child per month.

The Day Care Assistance Program (DCAP) makes your services available to low and moderate income families. DCAP pays a portion of child care fees for eligible parents who are working, in training, or seeking employment. Parents select the child care provider and DCAP pays the provider.

Individual Reimbursement Fund (IRF) may reimburse some education and training costs.

Some other benefits of being licensed:

- Licensing may help you find families needing child care. Some parents will consider only licensed care.
- Purchasing insurance may be easier.
- Licensing brings you in contact with other providers and with training and support.
- Licensing gives you official recognition
- Licensing promotes parent education.
- Licensing allows investigation of illegal unlicensed care.

Who licenses child care homes?

The Division of Family and Youth Services (DFYS) licenses child care homes and centers throughout Alaska, except for some child care in Anchorage. Local agencies may perform part of the licensing evaluations. Child care on military bases is licensed by the military.

Licensing in Anchorage

The Municipality of Anchorage does the initial licensing evaluations of family child care homes in Anchorage. The Municipality also licenses child care centers in Anchorage. If you are not sure where to begin the licensing process, call your local DFYS office.

Is there a fee for a child care license?

DFYS does not charge a fee for a child care license. However, there are some expenses associated with becoming licensed. For example, you will need smoke detectors and fire extinguishers if you do not already have them. You may need to buy toys, bedding and other supplies. There will probably be a charge for your first aid and CPR training. You need a state business license which costs $50 for a 2 year license.

HOW TO GET A CHILD CARE LICENSE

- **Getting started: attend a licensing orientation meeting.** Anchorage, Fairbanks and Juneau have regular orientations that last

about 1-2 hours. Participants receive a licensing packet and an introduction to getting licensed. Contact your local DFYS Office for details. If your community does not have orientations, request a licensing packet from DFYS. (See the Directory for DFYS offices.)

- **Submit your license application.** Complete an application form for either a family child care home or group home. On the application, you will list names and addresses of three people, unrelated to you, who can provide personal references for you. To avoid a delay, supply full, accurate addresses and phone numbers of people who will promptly respond to a request for a reference.

- **Make a written emergency evacuation plan for your home.** Draw a floor plan of your home and mark all escape routes. Show safe ways out of each room. Plan how to evacuate all children, including children who cannot walk. Identify a meeting place outside so you can make sure everyone is out of the home.

- **Write your child care policies.** Your policies describe the services you offer, ages and number of children, hours of operation, etc. Check with a licensor to find out topics your policies must address. You give your policies to parents of children in your care and to DFYS.

- **Prepare a sample daily schedule and plan of activities.** Parents will want to know about a usual day in your home.

- **Provide tuberculin clearance for yourself, your staff, and occupants of your home who are over age 16.** Tuberculin testing is available from various health care agencies.

- **Complete CPR (cardiopulmonary resuscitation) training and first aid training.** When children are in care, there must always be a caregiver present with CPR and first aid training. The preferred type of training depends on the ages of children in your care. If you care for young children from birth through age 8, infant and child (pediatric) CPR and first aid are strongly recommended. If you care only for older children, regular first aid and CPR are better. Training may be available from the Red Cross, resource and referral agencies, fire departments, etc.

- **Make your home "fire safe.** You need a smoke alarm and fire extinguisher on each level of your home. You need safe exits and heating appliances, safe storage of flammable liquids, etc. Building requirements depend partly on the number of children that you care for. **Group homes** must get clearance from fire prevention authorities before receiving a child care license.

- **Get necessary supplies.** Some things you need are:
  - Toys and learning materials appropriate for the ages of children in care (for example, books, puzzles, art supplies, active play equipment, games and building toys)
  - Bedding, cots, mats or beds
  - First aid supplies
  - Smoke detectors and fire extinguishers
  - If you care for an infant or toddler: crib or playpen, high chair, diaper changing area.

- **Make your home a safe and healthy setting for children.**
  - Have safe drinking water and sewage systems
  - Place child proof cover caps in electrical outlets
  - "Childproof" your home. A licensor will open drawers, closets and cupboards within reach of children to make sure there are no dangerous items, such as:

Sharp knives, scissors
Medicines and vitamins
Detergents and cleaners
Liquor and other hazardous liquids
Guns and ammunition
Liquid cosmetics
Any kind of spray
Hazardous office or sewing supplies
Matches and cigarette lighters
Dangerous tools in or outside the home

- **Administrators of GROUP HOMES must get fingerprinted for a criminal justice information check.**

- **Have a home visit from a licensor.** A licensor will schedule a visit of several hours with you in your home to discuss licensing requirements with you and check to see if your home meets health, safety, and child development standards.

Requirements of other agencies
In addition to child care licensing requirements, homes must meet requirements of some other agencies. All Alaskan businesses, including child care, need an Alaska Business License from the Alaska Division of Occupational Licensing. (See Directory.) Homes caring for more than 6 children are subject to some fire safety requirements of the Alaska Division of Fire Prevention. Some local governments have zoning rules to regulate land use that may affect where child care homes may be located.

FAMILY CHILD CARE AS A BUSINESS

Successful providers are skilled business people as well as warm and loving caregivers. This is especially important if you are depending on your child care income. Even if you are not, paying careful attention to the business aspects of your program makes your job more satisfying. Most of the tips that follow are not licensing requirements, but can help you succeed in business.

Write your child care policies

Written policies explain your program. They help parents understand your services and decide whether your program is right for their child. Policies prevent misunderstandings by promoting a clear understanding between yourself and parents about what you expect of each other. Policies cover fees, payment schedules, hours of care, vacations, sick children, discipline methods, substitute child care, etc.

Write a parent/provider contract

A contract lists services, fees, payment policies, hours, etc. It is a written record of what you and the parents agree to. You do not need to use legal language, just use your own words and write as clearly as possible. A contract can reduce misunderstandings with parents.

Set up a record keeping system

Think of your records as a business tool. You need accurate records to prepare tax returns, participate in the Food Program or receive Day Care Assistance payments, meet licensing requirements, and measure your business success. Setting up an efficient record keeping system will pay off.

Set up files for the records you need. The files might include:

- ***Financial files*** (income and expense records, tax numbers, business insurance policies, attendance records, etc.)
- ***Children's files*** (emergency information

cards, enrollment forms, parent contracts, immunization records, parent permission forms, etc.)
- ***Program files*** (written policies, record of evacuation drills, schedules, menus, activities, etc.)
- ***Personnel files*** (if you have employees)

Choose a handy place to keep records close to a area where you can sit and work. Keep your records up-to-date. The most efficient way is to spend a few minutes each day so your records are always current.

Opening a separate business checking account lets you keep business expenses separate from personal expenses. At tax time you will already have business expenses separated out.

Keep a receipt book and give parents a receipt for each payment. A receipt book is also useful for purchases where you may not get a cash register tape (for example, garage sales).

Income taxes

As a family child care provider you must file a tax return every year, whether your business has a profit or loss. Even small programs that are not licensed must file a return. Parents who claim the child care tax credit must report their provider's name and social security number; therefore IRS can identify providers who do not report their income.

Figuring income tax can be fairly easy with a little practice and good records of income and expenses. You can reduce your tax by using every legitimate expense or deduction.

Some expenses are a 100% business expense (for example, office supplies used only for child care). Other expenses are shared by business and family (for example, water and electricity). You can deduct "shared" expenses based on the percentage they are used for business. Some business related expenses you may be able to deduct are: insurance, legal and professional services, travel, car expenses, dues, publications, repairs, supplies, bank charges, depreciation on your home, food for children. For final answers on what expenses you can deduct ask the IRS or an accountant.

The Internal Revenue Service (IRS) has free publications such as *Tax Guide for Small Businesses* and *Business Use of Your Home.* IRS offices, post offices and libraries often have tax publications. You can order publications on the IRS toll-free number, 800-829-3676. The IRS toll-free number for tax questions is 800-829-1040.

Commercial publishers also have tax and business publications. One popular source is Redleaf Press which publishes *Family Day Care Tax Workbook, Basic Guide to Family Day Care Record Keeping,* and *Calendar-Keeper.* Request a free catalog from Redleaf Press. (See Directory.) Resource and referral agencies may also sell these publications.

Insurance

Liability insurance protects child care providers from financial loss if a child is injured while in their care. Although licensing does not require liability insurance for home providers, many want the protection. Most homeowner's policies do not cover claims related to child care. Ask your insurance agent about your coverage. If it does not cover child care, you have several options for purchasing liability insurance. Some companies will add additional liability insurance as a "rider" to a homeowner's policy. The premium is usually reasonable, but coverage may be limited. Some companies provide commercial liability and accident insurance that is more expensive.

Remember that state law requires all motor vehicle operators to have automobile liability insurance.

Accident, health, or disability insurance is available through some associations such as the National Association for the Education of Young Children and the Adults and Childrens Alliance.

FAMILY CHILD CARE AS A PROFESSION

If you think of yourself as a child care professional, you will find your work more satisfying. Quality child care results from a commitment to high standards and to steadily increasing skills and knowledge. Professionals aim for more than just meeting minimum requirements.

Providers committed to quality care may earn a credential such as the Child Development Associate (CDA), an early childhood degree, or get accredited by a professional organization such as the National Association for Family Child Care (NAFCC). As a caregiver with a professional outlook you will:

Take an organized approach to business
- Have written policies and contracts
- Keep complete, accurate records

Take responsibility for effective communication with parents
- Have a clear understanding about policies
- Form a partnership with parents
- Talk to parents daily about their child's activities
- Encourage parent involvement
- Discuss concerns when they first develop

Increase your knowledge about child care and development
- Attend classes, workshops, conferences
- Learn from child care books, magazines, videos
- Participate in professional organizations

Networking with other professionals can give you valuable support. Joining groups such as the Alaska Family Child Care Association and the National Association for the Education of Young Children and taking advantage of training opportunities are excellent ways to expand your knowledge and skills.

Many organizations promote quality child care. They provide information, training, networking, and financial aid. Some are listed below.
- Alaska Division of Family and Youth Services
- Anchorage Dept. of Health and Human Services Child Care Unit (Municipality of Anchorage child care licensing)
- Child care resource and referral agencies
- Alaska Family Child Care Association (state and local groups)
- National Association of Family Child Care
- National Association for the Education of Young Children (national, state and local groups)
- Child Care Food Program (directed by Alaska Department of Education and local sponsors)
- Alaska Dept. of Community and Regional Affairs, Child Care Programs (Day Care Assistance Program, Child Care Grants)
- University of Alaska Early Childhood Education Program

Part 2
Child Care Licensing Regulations

APPLICABILITY AND EXEMPTION. Section 124.

Who is required to be licensed?
A person who regularly provides child care for 5 or more children under age 12 not related to them is required to have a child care license.

Here are some definitions to help you decide who needs a license.

- *"Child care"* means care, supervision, and providing developmental opportunities on a regular basis, with or without compensation, for a child or children unaccompanied by a parent or legal guardian.
- *"Regular or regularly"* means providing child care services for more than one day a week for at least five continuous weeks.
- *"Related"* means any of the following relationships by marriage, blood, or adoption: parent, grandparent, brother, sister, stepparent, stepsister, stepbrother, cousin, uncle, aunt, great-aunt, great-uncle, step grandparent, niece, nephew, or first cousin.

What homes are not required to be licensed? Some child care homes are exempt from licensing. "Legally exempt" homes include:

- Care provided only for children related to the caregiver
- Care provided for 4 or fewer children not related to the caregiver
- Care provided in the child's home
- Care provided in a place where each child's parent is on the premises and is accessible to their child
- Care exempt under federal law from state regulation (for example, on a military base)
- A program whose purpose is primarily educational and that the Alaska Dept. of Education certifies as a preschool to serve 3 to 5 year old children
- A program whose purpose is primarily educational, serves children 3 years or older, and receives no direct state or federal money

Section 145 lists the kinds of legally exempt care that DFYS never licenses.

When do the regulations apply?
They apply during the normal child care business hours that you listed on the license application or an amendment to the application. They apply any other time your home provides child care services (as defined above). They do not apply at other times, for example, when you have a birthday party for your own children or have a Cub Scout meeting in your home outside of your normal child care hours. At these times, your obligations are no different from any responsible adult who is not a licensed caregiver.

INVESTIGATION. Section 126.

When may a child care home be investigated or inspected?

- **If DFYS believes a home may illegally be caring for children**

If, for example, DFYS receives a complaint that an unlicensed provider is regularly caring for five children not related to her, they may investigate. They inform the caregiver of the licensing law. Usually a cooperative plan for getting a license or reducing the number of children in care is made. If the caregiver refuses to provide access to the home, DFYS may seek an search warrant to decide if the home needs a license.

- **When you apply for a license**

A licensor inspects your home as part of the licensing process to determine whether it is a

safe place that meets standards. This home visit is scheduled with you ahead of time. It usually takes two to four hours. Appendices 1 - 4 list the kinds of things the licensor checks and asks about. Remember, most of it is common sense.

- **If there is a complaint**

DFYS may investigate a licensed home if someone complains that it is not meeting standards. DFYS sends a written report of investigation results to the home.

If there is a complaint of a criminal offense, such as assault or child abuse, DFYS also reports the complaint to police. A child abuse complaint may be investigated jointly by police and a DFYS licensor and child protection worker. If someone reports serious mistreatment of a child, the child's parent is notified and may make a different child care arrangement until the complaint has been investigated, to avoid possible harm to the child.

Additional comments

Monitoring by parents and licensors is an important factor in quality of care. Early discovery of a problem may avoid denial or revocation of a license. Complaints often result from miscommunication or factors other than a provider's competence. Frequently the role of a licensing investigation is to clarify issues and find an appropriate resolution.

IMPLEMENTATION. Section 135.

This section explains how changes to the regulations go into effect. Subsection (c) applies only to Anchorage and to the Municipality of Anchorage Child Care and Educational Center Licensing Code.

VOLUNTARY LICENSURE. Section 145.

Can you get a license if you are not legally required to have one?

Some homes choose to get a license even though law does not require it. This is called voluntary licensure. For example, a person caring for 4 or fewer children does not have to be licensed. However, after learning about the advantages (such as being eligible to receive funds from child care grants, the food program and Day Care Assistance Program), she may choose to get licensed. DFYS issues voluntary licenses in its discretion and as time permits; their first priority is licensing facilities that are required by law to be licensed.

DFYS will not license these types of home care.

- Care provided in the child's home
- Care provided in a place where each child's parent is on the premises and accessible to the child
- Care exempt under federal law from state regulation (for example, on a military base)

APPLICATION PROCESS. Section 155.

DFYS does not charge for a child care license. (However, as mentioned in Part 1, there are some charges related to licensing, such as getting equipment and a business license.)

Application form

Use the standard license application available from DFYS. The application lists attachments (such as an emergency evacuation plan, policies, and a sample activity plan) that you must submit to DFYS to complete your application.

Help with getting licensed
DFYS provides technical assistance, on a time-available basis, to help applicants understand and meet licensing requirements. Larger communities have regular orientation meetings for applicants. The checklists in Appendices 1 - 4 can help you prepare for licensing.

- Family Child Care Homes: Summary of State Licensing Requirements
- Family Child Care Group Homes: Summary of State Licensing Requirements
- Checklist for Family Child Care Home License Applicants
- Checklist for Family Child Care Group Home Applicants

Caring for children during your application period
You may already be caring for children when you apply for a license. With DFYS approval, and if there is no evidence of conditions that might be dangerous to children, you may continue to care for as many children as you apply to be licensed for, while DFYS evaluates your application.

Application review and home visit
Within 60 days after DFYS receives your completed application, a licensor will review your application. She talks with you, inspects your home, and completes an evaluation (called the "standard-by-standard").

Review by other agencies
If you apply to care for more than six children DFYS will notify fire safety officials. The fire officials may verify that you meet their fire safety requirements. If conditions require, DFYS may also consult with fire officials even if fewer than 6 children will be in care. Group homes must have clearance from fire officials before receiving a license.

Issuing a license
DFYS issues you a license if you meet licensing requirements. If this is your first Alaska child care license, DFYS issues a provisional license for your first year. If you do not meet the requirements, DFYS denies your license unless they determine that they may issue a provisional license. (See Section 169.)

Additional comments
You may withdraw your application if you change your mind about wanting a license. Also, if you do not complete supporting documents for your application within a reasonable time, DFYS may consider your application withdrawn.

BIENNIAL LICENSING PROCESS. Section 165.

At the end of your probationary first year (when you have a provisional license), a licensor visits your home and reviews licensing requirements with you. If you are not meeting a requirement, you may make a plan of correction. If you are meeting all requirements, or when your plan of correction is completed, DFYS will issue you a biennial license. A biennial license must be renewed every two years. Unless you make significant changes to your program, policies, or home, the renewal process is quite simple.

Renewal process

- DFYS provides a license renewal application to a group home at least 120 days before the license expires and to a family child care home at least 90 days before the license expires
- You complete the application and submit it to DFYS at least 60 days before your license expires.
- DFYS completes the application review not later than 10 days before the license expires.

If you submit your renewal application within the required time, and DFYS cannot complete its review within 10 days before your license expires, your license will be extended for up to 6 months or until DFYS completes the review.

The renewal review is similar to an initial licensing review. A licensor checks your home for health and safety, makes sure that your first aid and CPR training are current, that you completed five hours of annual training, and you are keeping records such as emergency information cards and immunization and attendance. The licensor uses the same "standard by standard" evaluation that was used in the initial review. To help prepare, use the lists in Appendices 1 - 4. Remember that some requirements may have changed since your last review.

LICENSE. Section 167.

What information is on a license?
Your license states the basic terms such as name and address of the facility, name of operator, how long the license is in effect, ages and number of children that may be in care, and any special conditions of the license.

Is your license still in effect if you move? Can you transfer your license to another person?
A home may only be operated by the person listed on the license and in the location listed on the license. The license may not be transferred from one person to another or from one location to another. If the person or the location listed on the license changes, the license is automatically invalid and you must apply for a new license.

Must you display your license?
You must display your license in your home where it is easily seen, especially by parents. Many providers proudly frame their license.

PROVISIONAL LICENSE. Section 169.

A provisional license is an interim or conditional license. DFYS issues a provisional license in the following situations.

- **During the first year of licensing**

You cannot show that you are meeting all requirements until you have been operating as a licensed home. For example, you cannot show that you keep attendance records before there are children in care. After the initial one year provisional license, DFYS usually issues a biennial license.

- **When a home is unable to meet a requirement**

DFYS may issue a provisional license when you temporarily cannot meet a requirement, if children's health or well-being are not threatened. DFYS will explain the reason for issuing a provisional license and what is necessary to change from a provisional to a biennial license. You must have a DFYS approved plan to meet requirements within a specified time.

A provisional license is valid for up to one year. DFYS decides the amount of time on a case by case basis. They may renew a provisional license for up to one additional year. A home may not operate under a provisional license for longer than two years.

REPORTS TO THE DIVISION. Section 171.

You must report certain events to DFYS, including events that occur in or are related to the facility, and events regardless of whether they occur in or are related to the facility.

Reporting time	Event to be Reported
60 days before	Change of person operating the facility
60 days before	Change of facility location
30 days before	Change of facility name
30 days before	Change of administrator
30 days before	Change of services (for example, ages or number of children, expanded or reduced space; days or hours of operation; addition of night time care or care of special needs children)
10 days after	Change in child care policies
Immediately	Death of a child (in or related to facility)
Immediately	Injury of a child (in or related to facility) requiring attention by medical personnel outside facility
Immediately	Fire or other disaster (in or related to facility)
Immediately	Unplanned emergency change of operator, location, name, administrator, or services of facility
Immediately	Allegation that a caregiver or occupant committed a felony, crime of assault, reckless endangerment, contributing to the delinquency of a minor, misconduct involving a controlled substance, unsworn falsification, or a sex crime (whether occurring in or related to facility or not)
Immediately	Child abuse or neglect (whether occurring in or related to facility or not)

"Immediately report" means a report by telephone, in person, or in writing, delivered to DFYS as soon as possible, but no later than 24 hours after the incident.

Additional information

People often have questions about reporting child abuse and neglect. This information may answer some of the questions. (For a free booklet, ask DFYS for a copy of "Reporting Child Abuse & Neglect in Alaska: Information for Early Childhood Personnel.")

Who must report child abuse and neglect?

Alaska law requires certain groups of people to report confirmed and suspected child abuse and neglect. These include people who are most likely to be in contact with children and may see and hear important clues about abuse as they perform their professional duties. Child care providers (whether licensed or not), school teachers, school administrative staff, medical personnel, social workers and peace officers are among those who must report.

What are child abuse and neglect?

State law defines child abuse or neglect to include the following actions by those responsible for a child's welfare:

- Physical injury that harms or threatens a child's health or welfare
- Failure to care for a child, including neglect of necessary physical (food, shelter, clothing, and medical attention), emotional, mental and social needs
- Sexual abuse, including molestation or incest
- Sexual exploitation, including permitting or encouraging prostitution
- Mental injury: an injury to the emotional well-being, or intellectual or psychological capacity of a child, as evidenced by an observable and substantial impairment in the child's ability to function in a developmentally appropriate manner
- Maltreatment: a child has suffered substantial harm as a result of child abuse or neglect due to an act or omission not necessarily committed by the child's parent, custodian or guardian.

How do you report?
Immediately report abuse or neglect to the nearest DFYS office. If you cannot contact DFYS, and immediate action is necessary for the child's well-being, report to the police.

You must report not only known instances of abuse and neglect, but also reasonable suspicions of abuse and neglect. It is not your responsibility to determine whether your suspicions are correct or to investigate those suspicions. You may find yourself wondering whether something is abuse or neglect, or whether your suspicions warrant reporting. Contact the nearest DFYS office and discuss the situation, anonymously if you prefer. They can help you determine if it should be reported.

After you reports abuse, what happens?
DFYS investigates reports of suspected child abuse or neglect. If they find that the report is unfounded and the family does not need services, the investigation is ended. If they find that the child needs protective services and the family needs services, they can design a program of support services to help stop abuse or neglect. Services might include counseling and protective child care. If DFYS decides the child needs emergency protection, they can immediately take custody of the child and remove the child to a safe place. Usually they do not need to remove a child. DFYS is committed to keeping children safe and to keeping families together whenever possible. The goal is to work with the family to help them solve their problems.

DENIAL, MODIFICATION, SUSPENSION AND REVOCATION. Section 177.

- **License denial.** DFYS may deny a license if the applicant does not meet requirements. DFYS delivers a written notice (called a "statement of issues") to the applicant giving the reason for denial.

- **License revocation.** DFYS may revoke a license if they prove that a home has continually or substantially disregarded or not met requirements. Usually the licensee has shown a deliberate and serious intention not to comply. In spite of remedial action such as plans of correction and a provisional license, they do not meet requirements. DFYS delivers a written notice (called an "accusation") stating the reason for revocation. The license is canceled and the business must close. If DFYS denies or revokes a license, they may deny the right to reapply for a license for a specified period.

- **License modification with consent of licensee.** DFYS may modify a license at your request. For example, you may want to serve a different age range, or begin providing nighttime care. If DFYS approves the change, they modify your license.

- **License modification without consent of licensee:** DFYS may modify a license without your permission. For example, DFYS might decrease the number of children you are licensed to care for because of staff or equipment shortages. DFYS delivers a written notice (called an "accusation") to you.

The division usually gives 30 days notice before a revocation or a modification without the licensee's consent. However, if children are at risk, revocation or modification may be immediate. When a revocation is immediate the facility may not operate and all children must be removed.

Section 179 explains rights to hearings and appeals in case of license denial, modification or revocation.

RIGHT TO HEARING AND APPEAL. Section 179.

If DFYS denies or revokes your license, or modifies your license without your consent, you may appeal the decision. DFYS must receive your appeal request within 15 calendar days of the date you received the notice of denial, revocation, or modification. DFYS provides a "notice of defense" form for this purpose. They request that a hearing be scheduled as soon as feasible after receiving the written request.

If DFYS denies your application, the burden of proof is on you to show that you met the requirements. If DFYS revokes or modifies your license without your consent, the burden of proof is on DFYS to show that you did not meet the requirements.

An attorney appointed by the Office of the Governor conducts the hearing. You may have an attorney represent you at the hearing. The hearing officer bases her recommended decision on conditions and facts at or before the time of the denial, revocation or modification. She submits a report to DFYS. The commissioner makes the final decision. DFYS will give you all reasonable opportunities to meet requirements or show you have met them. The division's goal is to protect children and improve the quality of care.

DFYS may remove an employee of a facility from contact with children if they believe the employee has physically or sexually abused a child, or does not meet the qualifications. If the removal becomes permanent, the employee may request a hearing. DFYS will give the employee a hearing as soon as feasible.

WAIVER OF REQUIREMENTS. Section 185.

Can exceptions be made to a requirement?
DFYS may waive a requirement when there is an acceptable alternate way to satisfy the requirement. Regulations cannot cover all possible situations, and waivers provide flexibility to meet varying local conditions, special needs, or creative projects. The alternate method must (1) be consistent with community, ethnic and cultural standards, and (2) reasonably ensure children's safety and well-being. Getting a waiver, when you have a satisfactory alternative, is much better than being cited for not meeting a requirement. There should be no stigma with a waiver because you are simply meeting the intent of the requirement in a different way.

Applying for a waiver
Applying for a waiver is relatively simple. Apply in writing to DFYS. (They have a waiver request form you may use.) The request must include:

- Requirement for which you request a waiver
- Explanation of why you cannot satisfy the requirement
- Description of your alternate method of satisfying the requirement
- Dates for which you request a waiver

Approval or denial of a waiver
DFYS reviews the waiver request and might ask for additional information. They approve or deny the request in writing, within 30 days after receiving the request. DFYS cannot waive another agency's requirement, for example, they cannot waive a Fire Marshal's exiting requirement. DFYS does consult with other agencies when they can help evaluate an alternate way of meeting one of our requirements.

Length of a waiver
A waiver is in effect for the same length of time as your current license, or for a shorter time if set by DFYS or if you request a shorter time.

EVALUATIONS AND INSPECTIONS ... BY LOCAL AGENCIES. Section 186.

Can other agencies perform licensing inspections and evaluations?
DFYS may authorize a local private or government agency to do licensing evaluations and inspections. DFYS encourages such licensing partnerships with local agencies such as native organizations. The local agency:

- Accepts licensing applications
- Inspects and evaluates facilities (using DFYS standards)
- Requests environmental protection and fire safety inspections, if required or considered necessary
- Submits applications, evaluations and related reports to DFYS

The local agency makes recommendations to DFYS for issuing, denying, suspending or revoking licenses. DFYS maintains responsibility for actually issuing, denying or revoking state licenses. If the local agency sees violations that might threaten children, they must immediately report the violations to DFYS. DFYS then develops a coordinated plan to investigate the violation.

DFYS may also make a written agreement with a local agency wanting to maintain a list of qualified substitute caregivers in the community. The agency would evaluate whether substitutes meet caregiver standards and keep references, TB clearances, CPR and first aid certificates, and job applications on file.

DELEGATION AND WITHDRAWAL OF LICENSING AUTHORITY. Section 188.

DFYS may delegate licensing authority to a municipality. The Municipality of Anchorage now licenses child care facilities in Anchorage caring for 7 or more children. Their licensing requirements are similar, but not identical, to state regulations. For more information, contact the Anchorage Department of Health and Human Services, Child Care Unit.

ORGANIZATION AND ADMINISTRATION. Section 195.

This section describes how homes organize and administer child services to protect children.

- **Identify the person legally responsible for operating the home.** You identify the person (also called the "owner" or "operator") in the application. Usually it is the person submitting the application. Most homes are a "sole proprietorship" business with one legally responsible person.

- **Provide a child care program and building that meet standards.** Most building requirements are covered in Sections 245 and 247 and program requirements in Section 240.

- **Designate an administrator.** The administrator is responsible for day-to-day management and must meet qualifications in Section 203. He or she is named in the application. In most homes the administrator and the legally responsible person are the same. If they are <u>not</u> the same, the administrator must have a written

job description clearly describing responsibilities. The administrator must be present at least one-half of the time that child care is provided between 7:00 a.m. and 9:00 p.m. (or at least 20 hours per week for a full day or 24 hour facility and 10 hours per week for a half day or less facility)

- **Plan and evaluate child care program.**

- **Maintain required records.** Records include attendance, emergency evacuation drills, emergency information cards, immunization records, parent authorization (if applicable) for activities, giving medication, spanking.

- **Remove any person from contact with children if there is cause to believe the person has physically or sexually abused a child.**

- **Remove from the home any person using or impaired by alcohol or any controlled substance.**

- **Establish child care policies.** (Section 221.)

- **If the home has employees or volunteers** (in addition to the administrator)
  - Make a staffing plan
  - Screen, schedule and supervise all employees, volunteers, and others providing services.
  - Appoint an on-site adult caregiver to be in charge in the administrator's absence.
  - Evaluate employees annually
  - Have written personnel policies and written job descriptions for employees and regular volunteers. (Regular volunteers provide child care services for more than one day a week for at least five continuous weeks.)
  - DFYS may require a home to remove an employee from contact with children while they investigate a complaint against the employee. DFYS notifies the employee of the reason for removal, and gives the employee an opportunity to provide facts pertinent to the investigation. DFYS will not give the employee information that is confidential, might put children at risk, or might compromise a police investigation.

Additional comments:

Removing someone from your home during child care hours because they are impaired by alcohol or any controlled substance or because you believe they may have abused a child can be a touchy action, but it is necessary. Providers and DFYS are members of a team working to protect children.

Keep records required by DFYS for your current licensing period, at a minimum. Details about records are covered elsewhere in the Guidebook. For example, children's emergency information records are covered in Section 197. For your own convenience, keep records for children currently enrolled most accessible.

You can get a copy of a variety of "sample forms" from DFYS. Although you are not required to use these forms, they can help with record keeping in several ways. They save you time spent designing your own. They also help ensure that you keep necessary information. See Appendix 8 for a list of sample forms.

EMERGENCY PROVISIONS. Section 197.

Emergency situations do not foster calm and collected thinking, so being prepared ahead of time is important. This section covers requirements for being prepared for emergencies.

- Have a **flashlight or other emergency battery powered lighting** in case of power failure.

- Have a **telephone or radiophone** if available locally.

- Post **emergency phone numbers** (fire, police, medical services, ambulance, and poison center) conspicuously on or near your phone.

- Post **first aid procedures** where they are easy to see.

- Keep **first aid supplies** readily available. Some suggested first aid items:
  - *First aid manual*
  - *Ice bag or commercial cold pack*
  - *Thermometer*
  - *Adhesive bandages of assorted sizes*
  - *Antiseptic solution*
  - *Adhesive tape*
  - *Sterile gauze in pads and a roll*
  - *Scissors*
  - *Tweezers*
  - *Cotton balls*
  - *Cotton swabs*
  - *Syrup of ipecac*

  A first aid kit that you can take on field trips is handy. The container should be large enough to hold everything and close tightly. Arrange the contents so you can reach items easily without emptying the kit. Be sure items are sanitary and wrapped tightly. Remember to restock the kit after each use.

- A caregiver with **current first aid and CPR (cardiopulmonary resuscitation) training** must always be on duty. A certified emergency medical or trauma technician on duty also meets this requirement. (The only time this standard does not apply is when you have a substitute caregiver for 30 days or less or when your "emergency substitute" provides care in an emergency.)

The preferred type of first aid and CPR training depends on ages of children in your care. If you care for young children from birth through age 8, infant and child (pediatric) CPR and first aid are strongly recommended. If you care for older children, regular first aid and CPR are better. Techniques used for infants and young children are very different from those for older children and adults.

First aid and CPR training may be available through the Red Cross, fire departments, resource and referral agencies, and other groups. If courses are not regularly available in your community, you can get licensed but you must take the courses as soon as they are available in your community.

- If a child experiences a **serious illness, accident, seizure, or other emergency** you must provide or get emergency care and immediately notify the child's parent.

- Keep an **emergency child record** card on file for each child in your care. The parent must complete and sign the card before you admit their child. Cards are available from DFYS.

The card gives information needed in an emergency: how to reach the child's parents, doctor and hospital. It lists allergies, including drug allergies. It gives names and contact information for people who can take responsibility for the child if you cannot reach the parent. It lists people who may pick up the child.

The back of the card lets parents authorize you to authorize emergency medical care for their child if you are unable to reach the parents. DFYS does not require parents to give this authorization; however, you as the caregiver may require the authorization if you wish. Without it there could be a dangerous delay in medical treatment. A few hospitals require the authorization to be notarized. Check with your local hospital.

Ask parents to review and update the cards periodically. Remember, even though you may have emergency information memorized, emergencies can occur when substitutes are in charge. They need correct, up-to-date information on cards.

- A group home must have a **back-up staffing plan** for when only one caregiver is on duty.

- **Designate an "emergency substitute"** -- an adult who is available to help in case of a serious illness, accident or other emergency. A substitute who helps only in emergencies is not required to have first aid or CPR training, nor meet the usual caregiver qualifications. They must just be an adult and "available." Usually they are close neighbors.

You may (although you are not required to) also identify a substitute for non-emergency situations, such as when you attend a workshop or take a vacation. A substitute for non-emergency situations must meet basic caregiver requirements.

See section 205 for differences between emergency and non-emergency substitutes and regular and occasional volunteers.

QUALIFICATIONS OF ADMINISTRATOR. Section 203.

The administrator is responsible for day to day management. In most homes, the administrator and the owner (who is legally responsible for the business) are the same person.

Qualifications for administrators of family child care homes and group homes are the same except for the minimum age and a criminal justice information clearance for group homes.

- **Age**. A family child care home administrator must be at least 18 years of age. A group home administrator must be at least 21 years of age. There is no upper age limit.
- **Character**. An administrator must have a good character and reputation and interpersonal skills to work successfully with children, staff and parents.
- **Meet caregiver qualifications.** An administrator must meet the same qualifications as other caregivers. (See section 205.)

DFYS considers the following as they evaluate administrator qualifications:

- **References.** Administrators list three people, unrelated to them, to provide written references that comment on the applicant's character, reputation and interpersonal skills. DFYS requests references from these people, who must send references directly to DFYS. To avoid delay, give full, accurate addresses and phone numbers and list people who will respond promptly to the request.
- **Agency records:** DFYS reviews licensing records and child and dependent adult records to see if the applicant has a history of problems such as child abuse and neglect.
- **Fingerprinting and criminal justice information check (required for GROUP HOME administrators only)**

A federal and state criminal background check costs about $60 - $80. This includes the fingerprinting fee, which varies locally from $0 to about $25, and the Dept. of Public Safety processing fee. The administrator pays the charges.

Final results of a background check do not have to be available before a person is designated as administrator, because results may not be available for several months. However, before a person qualifies as administrator or caregiver,

she must state whether she is under indictment for or have been convicted, within the previous 10 years, of a felony, a crime of assault, reckless endangerment, contributing to the delinquency of a minor, misconduct involving a controlled substance, or unsworn falsification, or a sex crime. An administrator applicant with a past criminal conviction is not automatically disqualified. Each case is reviewed individually to assess the risks to children.

Additional comments

Homes wanting a criminal justice information check on a caregiver should contact the Alaska Dept. of Public Safety. (See directory.) DFYS processes criminal justice information checks for administrators, but not for other child care staff. A child care facility or agency may not share information from criminal justice information checks with another agency or facility. State and federal rules prohibit this.

QUALIFICATIONS OF CAREGIVERS, EMPLOYEES, VOLUNTEERS, AND ADULT OCCUPANTS. Section 205.

This section covers qualifications for caregivers and adult (18 years or older) occupants of homes. Caregivers must be able to provide a healthy, safe, nurturing setting for children. Everyone caring for children, including administrators, employees, volunteers or non-emergency substitutes, are defined as caregivers. All adults living in the home, even those who do not participate in child care, may not be a threat to children.

● Qualifications for caregivers and adult occupants of homes

All must be free from problems which might be a threat to children. Each caregiver and adult living in the home **may not**:

- Have a history of abusing or neglecting a child or dependent adult
- Have a physical, mental, or substance abuse problem that adversely affects the health and safety of children in care
- Abuse or neglect a child or dependent adult
- Be under indictment for, or been convicted within the previous 10 years, of a felony, a crime of assault, reckless endangerment, contributing to the delinquency of a minor, misconduct involving a controlled substance, unsworn falsification, or a sex crime
- Have active tuberculosis
  Tuberculin testing: Each caregiver and occupant over age 16 must have a tuberculin test before they have contact with children and annually after that. Tests are available from local health care agencies. A person with a positive tuberculin skin test result must be examined by a health care provider to check for communicable tuberculosis.

On license applications, applicants are asked whether caregivers and adult occupants are free from problems listed above. If such problems exist, applicants must explain. When they sign the application, they certify that information they give is accurate and complete to the best of their knowledge. They also certify that they understand they will be subject to DFYS investigations, including contacting references and reviewing protective services, licensing and criminal justice information records to verify that licensing standards are met.

DFYS does not usually require medical examinations. However, if they have concerns about a physical or mental health problem which might adversely affect children's health or safety, they may require a medical examination or report.

● Qualifications for caregivers

Age. A caregiver must be at least 18 years of age to count in meeting the caregiver-to-child ratio. An exception may be made for a person aged 14 through 17 who

- Has completed a child care training course or demonstrates child care skills to the administrator's satisfaction
- and works under the supervision of an adult caregiver.

Skills. A caregiver must be able to:

- Support children's behavior with positive guidance and set clear and consistent limits to foster childrens' ability for self discipline
- Provide children with a variety of age-appropriate learning and social experiences
- Prevent exposure of children to high risk, including exposure to physical hazards and exposure to people and animals known to be a danger
- Act as a positive role model for children

Application for employment

If you have employees or volunteers, you must get a completed employment application, including a work history, before they have contact with children. A person without a work history during the past 2 years must provide a written statement explaining her whereabouts and activities for the past 2 years. A sample employment application is available from DFYS. Examine each potential caregiver's background for their ability to provide positive experiences for children.

Written references

You must get 3 positive written references for each caregiver (except occasional volunteers) before they have contact with children. The references must:

- Be from individuals unrelated to the caregiver
- Be received directly from the person providing the reference
- Verify the caregiver's ability to work successfully with children and to meet all requirements of this section
- Be in writing (If you take a reference by telephone or in person, immediately make notes on the conversation, and get a written reference within 30 days.)

Additional comments

The administrator is in charge of the home during business hours and needs to be comfortable evaluating behavior of caregivers, visitors and occupants of the home. Nobody with behavior that might be dangerous to children may be in the home during child care hours. Protecting children in your care must come first even if that means confronting behavior you might otherwise tolerate and asking someone to leave the home.

You are responsible for evaluating qualifications of your employees, volunteers and substitutes. Tell potential caregivers that they must provide a work history and references. Reference checks can give information about character, work habits, reputation, and ability to care for children. You may contact previous employers, co-workers and parents of children the applicant cared for. A sample reference form is available from DFYS.

Regular and occasional volunteers

People often ask: What is the difference between a "regular" and an "occasional" volunteer caregiver? What are the requirements for each? A *regular volunteer* provides child care services for more than one day a week for at least 5 continuous weeks. An *occasional volunteer* provides care less often than that. A *regular volunteer* must meet all caregiver qualifications listed in this section. An *occasional volunteer* must meet all those caregiver qualifications, except they need not provide 3 references.

Non-emergency substitutes and emergency substitutes. *Non-emergency substitutes* must meet all caregiver qualifications in this section. *Emergency substitutes* are only required to be adult and available.

ORIENTATION AND TRAINING. Section 207.

Annual training
Caregivers must complete at least five clock hours of training each year in addition to CPR and first aid training required by Section 197. Keep a record of your completed training. Your licensor determines whether you have satisfied the training requirement.

The training must increase your child care knowledge. Resource and referral agencies, food program sponsors, University of Alaska, Alaska Family Child Care Association, and National Association for the Education of Young Children are some good training sources. Providers in rural areas, or even urban providers who find it difficult to leave home for some reason, can do self-directed study through reading or videos. Resource and referral agencies, Alaska Family Child Care Association, and libraries have books and videos that you can borrow.

Orientation for employees and caregivers
Homes with employees or caregivers in addition to the administrator must provide an orientation for those caregivers. (Volunteers are not required to have an orientation, but it is a good idea to provide one.) Begin the orientation at employment and complete it within four weeks. Include:

- Child care policies and procedures, including emergency procedures and the employee's responsibilities
- Requirements of the child care regulations (7 AAC 50.120-275)
- Plans for meeting the needs of children with special needs who are in care

Inexperienced caregivers
An experienced caregiver must accompany an inexperienced caregiver (including a volunteer) until they have enough experience to safeguard children. Practices such as careful handwashing after diaper changes become automatic to experienced caregivers. However, such practices and the reasons for them are not always obvious to new caregivers. They need guidance from those with experience.

Additional Comments

Providers often begin child care based on their personal experience as a parent. This is a foundation on which they further develop their skills. As Kathy Modigliani writes in *Training Programs for Family Child Care Providers,* "Many people believe that almost anyone who likes children can be a good provider, and indeed, many providers do a good job with little or no training. But providers who have participated in good training programs usually report important ways that they have improved their practice...Training seems to help providers help children grow and learn, and to support and have good relations with families. Effective providers tend to enjoy their work more, attract and keep clients, and stay in the field longer ... A provider is a generalist--a nurturer, a teacher, a small-business proprietor, a parent counsellor, and much more. The more she knows about a wide range of subjects, the better the care she can offer."

The training and professional development opportunities listed below range from workshops lasting an hour or two to programs with a long term commitment. Some are available at no cost or very low cost. You may be reimbursed for some training costs by the Individual Reimbursement Fund (IRF).

Workshops and seminars

- Child Care Resource and Referral agencies
- Child Care Food Program sponsors
- Community schools and local agencies
- Cooperative Extension Service, University of Alaska
- Professional organizations (Alaska Family Child Care Association, National Association for the Education of Young Children, etc.)

University and college courses

- Early childhood certificate and degree programs
- Semester or short courses
- Correspondence courses

Conferences

- National Association for the Education of Young Children (NAEYC)
- Alaska Family Child Care Association

Books, Magazines, Videotapes

- Child Care Resource and Referral libraries
- Alaska Family Child Care Association lending library
- Public libraries
- University and college libraries

National credential and accreditation programs.

- Child Development Associate (CDA), Council for Early Childhood Professional Recognition. The CDA credential is awarded to persons demonstrating competence in early childhood care and education.
- National Association for Family Child Care (NAFCC) accreditation.
  NAFCC accredits child care homes that provide high-quality care. Accreditation includes a self evaluation which is validated by a parent and a NAFCC representative. .

SUPERVISION. Section 210.

This section explains how many children you may care for and how many caregivers must be present -- the "caregiver to child ratio." You must always meet the required ratio. You must never leave children without supervision by a qualified caregiver.

What children are included?
The number of children that may be in care includes all children under age 12 who are present in your home, both those related and unrelated to caregivers.

It includes children in before and after school care during the time they are in the home. It includes "drop-in" children. A drop-in child is one who is in your care irregularly and usually on an unscheduled basis, for example, a child who needs care for an afternoon while the mother visits a doctor, or your daughter's friend who comes to play with her during your business hours. If you have fewer children in care than you are licensed for, you may accept drop-ins. Remember to notify DFYS if you want to change the number of children that you are licensed to care for.

Attendance records
Keep attendance records showing the daily arrival and departure time of children and caregivers. Attendance records (and staffing plan if there is more than one caregiver) must show that there are always enough caregivers and there are never more than the allowable number of children present. Fill in attendance records daily, not in advance or later. Include drop in children. Your licensor will review attendance records.

Family child care homes

- At least one caregiver
- No more than a total of 8 children under age 12
- No more than 3 children under the age of 30 months or with special needs. No more than 2 of these children may be non-walking

Family child care group homes

- At least 2 caregivers
- No more than a total of 12 children under age 12
- No more than 5 children under the age of 30 months or with special needs. No more than 4 of these children may be non-walking

Exceptions to the requirement for 2 caregivers in a group home:

- There may be one caregiver if the number of children drops below 9 and you meet the family child care home requirement (given above).
- One caregiver who has completed one year of licensed home care or the equivalent may care for up to 10 children if there are no children under 30 months or with special needs.
- One caregiver who has completed one year of licensed home care or the equivalent may care for up to 12 children if all the children are school aged and there are no children with special needs.

Before qualifying for the exceptions you must have shown ability to provide child care in some structured setting. Therefore DFYS requires one year of licensed home care or the equivalent. Some possible equivalents are one year as administrator of a licensed center, a completed CDA, one year as a teacher in an elementary school, or 1 1/2 years as a center caregiver with references from your supervisor. Caring for your own children, although a valuable experience, is not equivalent to one year of licensed home care.

Children with special needs

You must ensure proper care, individual attention, and safety for each child. You may need to care for fewer children if you care for a child with a disability so severe that caring for him or her would take an unusual amount of time.

School aged children

There is one possible exception to never leaving a child without direct supervision. School aged children should be given "freedom appropriate to the age of the child and opportunities for self-reliance..." This means that a school aged child could on occasion be unsupervised, for example, going outside without direct supervision. Perhaps this could be handled with a written agreement about a child's care between you and the parent. A parent is the best judge of his or her child's experience, level of maturity, and responsibility.

Additional comments

Although regulations define the maximum number of children you may care for, you may not choose to care for that many. Many experienced caregivers choose to care for less. Some advise that it is wise not to care for too many children of the same age. Some recognize that caring for infants and toddlers, in addition to older children, is too difficult for them. Caring for too many children may lead to a stressed out caregiver and job burnout. Consider your own comfort level, family, home, and personal needs. Talk it over with your family. This will help you decide how many children and what ages of children you want to care for.

Local zoning ordinances in your neighborhood may be a factor in deciding how many children to care for. Zoning ordinances are determined by cities and boroughs and vary from one place to another.

POLICIES; ADMISSIONS; PARENT INFORMATION. Section 221.

Do you need written policies? Yes.

Who must have a copy of your policies?

- Keep a copy at your home
- Give a copy to parents when you admit their child and when you change a policy
- Give a copy to DFYS when you apply for a license. (You also must report changes in your policies to DFYS)

What should you include in policies?

Your policies describe your child care services. Appendix 9 lists topics you must address. You may include any additional topics that you wish. Your goal is a clear understanding between yourself and parents.

Discuss your policies with parents before admitting their child. It is wise to end policies with a statement that the parent has received, read and understood them. Tell parents you will inform them in writing of policy changes. Then you and the parent sign and date the agreement.

Children with special needs

Before enrolling a child with special needs, discuss the child's strengths and limitations with the parents. Evaluate whether your home can provide appropriate care. If so, you may not refuse to enroll the child because of his or her disabilities. The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability. You must be willing to make reasonable adjustments in your program to meet needs of people with disabilities.

Ask parents for a copy of the child's IEP. (An IEP is a written individualized education program for a child with special needs developed by a school district for children ages 3 through 18, or by an infant learning program or physician for children from birth through 3 years old.) Develop a plan of care, including information from parents. The plan for a special needs child is the same as that for any child in that your program and environment should support the whole child and build on his or her strengths. The plan should include any special care considerations, such as diet, activities, medication, or rest.

Additional comments

Why do you need written policies?

- Policies outline parent/caregiver responsibilities and expectations.
- Policies help parents decide whether your program is right for their child.
- Developing policies can help you clarify your plans.
- Policies can prevent disputes between parents and caregivers
- If a dispute develops, policies can help settle the conflict.
- Policies contribute to fair treatment for caregivers, parents and children.

Talk policies over with your family and be sensitive to their concerns. Home child care affects each family member. To make it work, you need your family's support. Planning and discussing policies together promotes cooperation. For example, if your family wants to have dinner together at 5:30 because of job scheduling or preference, that may affect the hours that you decide to provide child care. As stated in *Opening Your Doors to Children,* "Before you decide to begin a home child care program, you should talk frankly with each member of your household about your plans, how their lives will be affected, how they can help and support you, and about what they would like from you in return. Sometimes a provider neglects this important planning step, goes to the effort of starting a program, and then changes her mind

because it does not work for her family. Be sure that everyone in your family will at least try to accept your decision, if not actively support you."

Consider these questions as you develop your policies.

Type of care and program

What kind of care will you offer? What do you hope to accomplish? What activities will you offer? Why? Will you take field trips? What is the typical daily schedule? Will children watch any TV or videos?

Children

Will you care for infants, toddlers, preschoolers, kindergarten or school aged children?

Hours and days of care

What are your opening and closing times? Will you charge extra if a child stays past closing time? How much? Will you provide care on holidays? Will you schedule a vacation for yourself? Must parents arrange for alternate child care on holidays or during your vacation?

Fees and payments

What is your fee? Is it paid weekly,monthly? Is it due in advance? Is a fee charged when a child is on vacation, absent, ill? Do you require advance notice if a child is withdrawn? What will you do if a parent does not pay the bill? Will you charge a late fee?

Enrollment

Will you have an initial conference with parents to discuss policies and information about the child? Are both parents asked to come? Do you arrange for the child and parents to visit your home before enrolling?

Sick children

What will you do if a child gets sick or needs emergency care? Will you care for a mildly ill child? Will you give a child medication if you have the parent's written permission?

Transportation

Will you provide transportation to or from your home? Do you provide car seats for young children or must parents provide the car seat? Do you require written parent permission to transport a child?

Personal belongings

May children bring personal belongings? Are parents asked to bring an extra set of clothing to keep at your home? Should extra clothes be marked with the child's name?

Infant care

Will you or the parents provide bottles? Formula? Baby food? Diapers?

PROGRAM. Section 240.

A child care program is much more than a schedule of daily activities. All the experiences that children have, planned and unplanned, influence their development. The program should provide positive experiences that promote healthy development.

Schedule and activity plan

Follow a daily plan of activities for each age group that provides:

- Balance of quiet and active activities
- Balance of group and individual activities
- Adequate time for meals and snacks
- Adequate time for sleep or rest
- Adequate time for toileting
- Indoor and outdoor play

The daily schedule and activity plan do not have to be written. However, you give DFYS a written typical daily schedule when you apply for a license. (See Appendix 17 for a sample.)

Include these elements in your program:

- Opportunities for individual self-expression in conversation, imaginative play, and creative expression
- Opportunities for vigorous physical activities such as running and climbing

- Daily supervised outdoor play, when weather and individual children's tolerance permit
- Opportunities to participate in activities that foster children's independence, such as taking out or putting away materials, and caring for their own clothing and bedding
- Opportunities for intellectual and social development through a variety of games, toys, books, crafts, puzzles, sand, crayons, blocks, infant toys, and other activities and materials

Television and video cassette viewing
- Viewing may not exceed one hour for each 4 hours children are in care
- Limit viewing to programs specifically designed to benefit and interest children
- Always give children a supervised alternative to viewing

Materials, toys and equipment
- Are appropriate for each age group in care
- Make it possible for your program to include the elements listed above
- Materials, toys and equipment are adequate in quantity to avoid excessive competition between children and long waits by a child
- Are clean, durable, safe, and in good repair
- If materials and toys are stored, some are stored safely accessible to children
- Individual storage space, accessible to children, for their own belongings

No high risk activities are allowed. Your program may not include dangerous activities such as riding all-terrain vehicles or snowmobiles, or walking along cliffs.

You must get written parental permission before a child may participate in each separate activity of moderate risk. Some moderate risk activities are swimming, horseback riding, or trips to the beach. A blanket parent permission would only be acceptable for going regularly to the same place, for example, going to swimming lessons every Tuesday and Thursday morning. Separate parent permissions are necessary in other situations as a protection to providers, children and parents.

Parents must have unlimited access to their children whenever they are in care. Encourage parents to visit freely to observe or participate in your program. Parent involvement is an important part of quality care.

If you care for newborns, infants or toddlers, additional requirements are:
- Protect them from play of older children.
- Do not leave a child awake in a crib more than 15 minutes without direct adult contact.
- Provide frequent verbal communication.
- Provide physical contact through holding, rocking, and play, as well as bathing, dressing and carrying them.
- Give infants and toddlers opportunities to explore and learn on their own outside of a playpen or other restraining device. Of course, you must always supervise them.

If you care for children with special needs, additional requirements are:
- If you think a child in your care has a special developmental or health need, tell the parent and provide information about community services for children with special needs.
- If you care for a child with special needs who attends public school, provide care that is consistent with his or her IEP, if it is available to you. (An IEP, Individualized Education Plan, is a written individualized education program for a child with special needs.) Consult with parents as you plan the child's care. Be sure to include leisure activities.

If you care for school age children, additional requirements are:
- Your program supplements, rather than duplicates, school activities and gives a

change of pace and interest between school and child care.
- They have freedom appropriate to their age, and opportunities for self-reliance and social responsibility.
- They have separate space, equipment, and supplies if they infringe on the required space, equipment and supplies of younger children.
- They have opportunities to participate in selecting and planning their own activities.

Additional comments

Young children seem to develop well with a regular, but not rigid, schedule. They feel secure with the familiar and want to find the same things in the same place each day. They like routines and enjoy knowing what comes next.

Schedules will change with the seasons, for example, to allow for more outdoor play according to the weather. Schedules also vary for different age groups. Younger children need more rest or sleep and more frequent toileting. They need more time for some routines because they are slower and less independent. They need less time for some activities because they have shorter attention spans than older children.

Within the framework of a well-balanced daily schedule, lots of flexibility is possible. A skillful caregiver who knows her children recognizes restlessness with one activity and substitutes another. When the children are absorbed in a learning experience, she lets them continue instead of changing to a scheduled activity. Flexibility lets the program meet children's needs, but it is the caregiver's skill that keeps flexibility from turning into chaos.

As you plan your daily schedule, start by writing in arrivals and departures, meals and snacks. Most children enjoy a nap or quiet time after lunch, so add that in. Add some time for outdoor play. Story time is another good daily activity. Add play time to your schedule. This can include painting, playdoh, puzzles, singing, simple games, dramatic play, blocks, toy cars. Save at least part of the day for free play so children can play whatever they choose. You can change your daily routine as you find what works and what does not.

DISCIPLINE AND BEHAVIOR MANAGEMENT . Section 241.

The goal of discipline is to help children learn to control their own behavior. You can achieve this through positive guidance, encouragement and support, setting clear and consistent rules, and redirecting children's attention.

Acceptable discipline is:
- Appropriate to the child's age and development
- Related to the child's behavior
- Explained to the child before the discipline
- Administered immediately by the primary caregiver

You may not discipline children in any way that is cruel, humiliating or damaging. Never use discipline that is associated with food, rest, or toileting. Never discipline by removing a child from other children for more than 10 minutes.

You may not use corporal punishment except in very limited circumstances. Corporal punishment means "the infliction of bodily pain as a penalty for a disapproved behavior." Although corporal punishment includes "actions such as shaking, spanking, delivering a blow with a part of the body or an object, slapping, punching, pulling or action which seeks to induce pain," only spanking is allowed in homes.

Restrictions on the use of corporal punishment

- Absolutely no corporal punishment may be used on newborns, infants, and children with special needs
- Spanking is the only corporal punishment that may be used on other children
- Limits on spanking are:
  Toddler: no more than 1 slap on the clothed buttocks
  Pre-schooler or older: no more than 3 slaps on the clothed buttocks
- Use only the open hand when spanking
- Spanking can only be used if you have prior written permission from the parents.
- If you spank a child, document that you tried other discipline methods first. Give the child's parents a written report of each spanking. Keep a copy of the report for your records.

Additional comments

The most important part of successful discipline is providing an atmosphere where children are happy and busy, where they are respected and they understand what is expected of them. Effective discipline includes "preventive discipline", that is, planning your program so you reduce the number of discipline problems which actually develop. Here are some suggestions to keep in mind.

1. Model the behavior you want children to learn. Be respectful, gentle, firm, patient and a good listener. Children will imitate your behavior. For example, if you yell at children, they will yell. If you spank them, they will hit. If you ridicule or make fun of them, they will use name calling. On the other hand, if you are considerate and cooperative, they will learn to cooperate. If you use words rather than physical aggression to express your anger, they will learn to use words too.

2. Create a comfortable "child friendly" physical environment. Provide a variety of appropriate toys to keep children busy and happy. Provide enough toys so children can have choices without taking toys from other children. Keep some toys and supplies where children can get them out and put them away themselves. Keep things that are dangerous or off limits to children out of their reach so you will not need to constantly say "No, don't touch."

3. Plan daily routines to meet the children's needs. When children know their needs will be taken care of, that there will be time for food, for play and for rest, they will not need to demand these things. Plan interesting activities. Busy children are usually happy and boredom tends to lead to discipline problems.

4. Set clear rules and apply them consistently. Express your rules in a simple, positive way that children can understand and remember. Rules are more effective if you say them in terms of what to do instead of what not to do. For example, it is easier for children to remember the positive rule "Walk" than the negative rule "Don't run." Keep the rules few in number and reasonable for the children's ages. Some people have just one basic rule: You may not hurt yourself, others or things.

In spite of good planning, problems will still happen. Kids being kids, there may be some tantrums, fights, and name calling that will test your patience. Children's emotional growth is a step-by-step process, just like their physical development from sitting to crawling to walking to running.

Here are some suggestions for handling behavior problems in a positive way. The key ingredients in applying them successfully are to be

calm, consistent, and always to respect feelings of each child.

- Distract children from problem behavior. (If Suzie and Maria are fighting over a book, offer another book or a different toy.)
- Redirect problem behavior to acceptable behavior. (If Suzie is climbing on the table, remove her and take her to a climbing toy.)
- Notice and praise good behavior. Children, just like adults, respond better to praise than criticism. (Compliment Johnny when he helps his friend find his boots.)
- Ignore undesirable behavior rather than paying attention to it. Sometimes children misbehave to get attention; if the behavior is not harmful, it may be more effective to ignore it. (Ignoring Lee's whining shows him that he gains nothing from the behavior and he will stop.)
- Stop the unwanted behavior. (Step between 2 children to stop a fight.)
- Help an upset child calm down. (If Sasha is out of control, hold her gently and firmly to soothe her until she can talk about the situation.)
- Have a "time-out" to give a child a chance to calm down and regain control. The time out should be short. End the time-out by talking with the child about her feelings and about the situation.
- Remind a child of a rule by stating it calmly and simply. Children forget easily and your goal is to teach the child to think of the rule before acting. (If Sally throws food, take it away and say "You may not throw food.")
- Ask children to help work out a solution to their problem. (Ask Nancy and Tomas how they can each have time to enjoy using the swing.)
- Offer acceptable choices as the alternative to something that is against the rules. (If Ann is demanding candy for a snack, offer her the choice of an apple or a banana.)
- Help children out of situations that are too frustrating for them to handle.

SAFETY AND EVACUATION PLANS. Section 245.

It is easy to think that a fire will never happen in your home, but in fact thousands die every year in home fires. You may have only several minutes to reach safety. Within three minutes smoke can make a home unsafe and evacuation extremely difficult. Given this sobering reality, prevention is critical. The good news is that you can protect yourself by taking some simple precautions.

● Prepare a written emergency evacuation plan.

(See Appendix 11.) Include a method of getting all children out, including those who cannot walk. Plan for fire from varying locations. Everyone needs to know in advance how to get out so they can act quickly and without panic. Here's how to make an escape plan:

- Draw a floor plan of your home and mark all possible escape routes. Identify safe ways out of each room. (Dimensions and details do not need to be exact.)
- Plan how to evacuate children who cannot get out by themselves.
- Identify specific duties of each caregiver during the evacuation. List any other policies such as not taking time to put on coats or shoes before exiting.
- Identify a meeting place outside where everyone goes after exiting so you can be sure everyone is out.

● Have emergency evacuation drills

Conduct an emergency evacuation drill at least once a month, unless postponed due to severe weather. Keep a record of the drills. DFYS has a handy sample form for recording your drills. Regular drills are important because repetition helps children learn the routine and helps adults make evacuation more efficient. Children age

five and under are twice as likely to die in fires than the rest of the population. Many young children die because they panic and try to hide from fires. You can save lives by teaching them that they cannot hide from fire, but they can escape.

Try setting off the smoke detector during drills so children become familiar with the sound and are not so frightened when it goes off. You might consider inviting a firefighter to visit your home during a planned drill. If he or she wears firefighting equipment, children become familiar with the appearance of a working firefighter. Children who first see a firefighter dressed in a gas mask and heavy coat during a real fire sometimes think it is a monster, and hide. A firefighter's presence at a drill could later save a child's life.

During drills practice fire survival procedures.

- Crawl low in smoke. If trapped in smoke, get down and crawl. Smoke and heat rise, so cleaner air is near the floor.
- Stop, drop and roll. If clothing catches fire, stop where you are, drop to the ground, and roll over and over to smother the flames.
- Test doors for heat. Before exiting, feel the door. If hot, do not open--use a different exit. If cool, open cautiously and proceed. Close doors behind you.

·Have children act out what they would do in different fire situations. For example: "Pretend you wake up from your nap and there's smoke in the bedroom" or "Pretend you're helping me cook lunch and your sleeve catches on fire."

- **Keep your home "fire safe"**

Building requirements depend on the number of children that you are licensed for. In addition to regulations discussed in this guidebook, the State Fire Marshal's Office has requirements for homes caring for more than 6 children.

- **Group homes must get clearance from fire authorities before receiving a child care license.**

- **Homes licensed for 8 or fewer children must meet the following requirements.**

- **Limit child care to the main floor, daylight basement, or second floor.**

- **The home must have at least 2 means of escape** providing an unobstructed means of escape out of the building. In homes licensed for 6 or fewer children, at least one must be an exterior door. Homes licensed for 7 or 8 children, must have at least two exterior doors.

- **If you use a daylight basement for child care, it must have a means of escape directly to the outside at or near ground level.**

- **If you count a window as a means of escape it must meet these requirements**:
  - the window sill is not more than 48" above the floor
  - the net clear openable area is at least 5.7 square feet
  - the net clear openable height is at least 24 inches
  - the net clear openable width must be at least 20 inches.

  This window size is an "escape and rescue" window that allows a firefighter, with self-contained breathing equipment, to get in and out of the room to rescue someone without entering the rest of the house, which might be engulfed in fire. The bottom window sill needs to be no more than 48" above the floor to give people ready access to the window.

- **Each level of the home must have at least one smoke detector (AC primary power or monitored battery powered) and a fully charged 2A:10BC dry chemical fire extinguisher.**

  The 2A:10BC dry chemical fire extinguisher is a multipurpose extinguisher. Keep it readily available, fully charged, in working order, and know how to use it. Portable extinguishers can save lives and property by putting out or containing a small fire until the fire department arrives. They are not for fighting a large or spreading fire.

  Smoke detectors are like fire sentries. They announce a fire and give you a chance to escape. Alaska law requires all homes to have smoke detectors. They are available at local stores or through catalogs. Some people prefer battery powered units because they are easy to install and cannot be disabled by an electrical power-out. Others prefer detectors that get power from the home electrical circuit. Some detectors operate on home current with a battery powered back-up system. Install smoke detectors according to instructions enclosed with the detector. Test smoke detectors and replace batteries regularly. Replace the light source in photo electric detectors as soon as it burns out and keep an extra on hand.

- **Store flammable and combustible liquids safely**. Do not store an excessive amount in your home. Store as follows:
  - Up to one gallon in a metal or approved plastic container
  - Up to 2 gallons in approved safety can
  - Storing more than 2 gallons in the home is prohibited
  - Containers have tight fitting lids and are out of children's reach.

  A flammable liquid, such as gasoline, gives off enough fumes to burn at normal ambient temperatures. A single cup of gasoline when vaporized and ignited has enough explosive energy to destroy the average wood frame house. A combustible liquid such as diesel oil, does not give off enough fumes to burn at normal ambient temperatures.

  Although these are dangerous liquids, most homes need some for normal household use. You may store up to 2 gallons in the house in approved containers. This does not include foodstuffs (such as vegetable oil), beverages (such as brandy), medicines, and cosmetics packaged in commonly accepted ways for retail sales. In addition to the amount stored in the house, you may store up to about 10 gallons, in approved containers, in the garage of the usual home, which has a fire wall separating the garage from the rest of the house.

  "Approved" containers means approved for storage, use or sale of flammable or combustible liquids. The container ordinarily states that it is a flammable liquid storage can and has been tested by UL or Factory Mutual.

- **Stoves, fireplaces and heating appliances:**
  - Are not in sleeping quarters during sleeping hours
  - Are never in exit ways or corridors
  - Are equipped with guards if there are exposed flames or heating elements
  - Are maintained in a safe and serviceable manner
  - Fuel burning appliances are vented to the outside to discharge smoke and combustion gases

  Fuel burning stoves need a proper size vent pipe free of leaks and blockages. Joints must be tight. Both heater and vent pipe must have no cracks though which deadly carbon monoxide can leak out. If you are not abso-

lutely sure that your heater and vent are in good condition, have them checked by a professional.

- **Homes caring for 7 or 8 children** must meet additional fire safety standards of the Department of Public Safety. For more information contact the Dept. of Public Safety. (See Directory.) Although DFYS is not responsible for enforcing these requirements, they send a list of homes licensed to care for more than six children to the Fire Marshal.

Additional comments

All children are interested in matches and fire. Teach them not to touch. Tell parents of any unusual interest in matches, lighters or fire.

SANITATION AND ENVIRONMENTAL REQUIREMENTS. Section 247.

Providing a safe setting that protects children from danger, injury and illness is one of your primary responsibilities. Most of these standards are common sense practices which are already in place in your home.

Space requirement for GROUP HOMES. (Family child care homes do not have minimum space requirements.)

- *Indoor space*: at least 35 useable square feet per child. "Useable space" is space exclusive of hallways, bathrooms, storage areas, office space, furnace and laundry rooms, crib space and any area that children may not use.

- *Outdoor space*: at least 75 square feet per child. This means 75 square feet of play space for the maximum number of children using the space at any one time. If your home does not have outdoor play space, a park or other outdoor area that is easily accessible may be used if you give DFYS an acceptable plan for its use, including travel to and from the area.

Have an ample supply of drinking water. The water system must meet standards of a community water supply, a rain catchment system, surface water supply, or a well. Specific standards are in (e)(1)-(4) of the regulation. Safe drinking water is a concern because bacteria, viruses, and chemicals can lead to waterborne diseases. The Department of Environmental Conservation has information on protecting your water.

Dispose of sewage and refuse properly. The sewage system must work well and be maintained regularly, with no evidence of sewage running on the ground or of a septic tank overflowing. Store garbage in containers with tight-fitting lids.

Maintain your home in a clean and sanitary condition free of filth, rodents and insects.

DFYS makes a distinction between "clean and sanitary," and what is commonly referred to as "neat." To be a healthy place for children, a home must be clean and sanitary. This is especially important with infants and toddlers because so much of the environment ends up in their hands and mouths. Regular routines for basic tasks such as cleaning and disinfecting bathroom surfaces, cleaning kitchen counters and tables, and washing toys and equipment helps maintain an acceptable level of cleanliness. An effective and inexpensive disinfectant to sanitize toys, tables, high chairs, diapering areas, etc. is a solution of 1/2 teaspoon bleach per 1 quart of water.

DFYS does not expect a home to be "neat" all the time. Children should be encouraged to

participate in activities that result in short term disorder. At times, the floor may be covered with piles of blocks. During dramatic play there may be piles of "dress up" clothes strewn around. The kitchen will be a real mess as children help make and decorate cookies.

Have sanitary facilities for proper care, storage, refrigeration, and preparation of food. To prevent food poisoning and to prevent food from causing illness, handle food properly.

Keep your home reasonably free of hazards that can injure children, both indoors and outdoors.

- Hot water delivered to plumbing fixtures is no more than 120 degrees Fahrenheit. In most homes you can control the temperature by setting your hot water heater to 120 degrees or lower.

- Play equipment:
  - Is securely anchored (unless portable and self-supporting);
  - Is free of entrapment, pinch or crush points
  - Is free of sharp points, corners and edges;
  - Has adequate clearance between the equipment and other objects which may cause injury.

- Cover areas around and under play equipment with shock absorbing material such as pea gravel, sand or sawdust. Do not use concrete and asphalt. Pea gravel, sand and sawdust are much more shock absorbent than grass, therefore they are better choices than grass. However, grass is not prohibited.

- Store medicine, cleaners and other harmful substances in a place reasonably inaccessible to children. Some hazardous materials are:
  - *Medicines*: prescription and over-the counter, rubbing alcohol, laxatives
  - *Bathroom items*: shampoo, hair spray, after-shave, hair tonic, razor blades
  - *Bedroom items*: nail polish, polish remover, cologne, face cream
  - *Kitchen*: food extracts (vanilla, almond, maple are poisons if taken undiluted)
  - *Utilities*: solvents, detergents, cleaning products, bleach, turpentine, paint, varnish, paint thinner, pesticides, herbicides, wax, dye, charcoal starter, drain opener, glue, gasoline, kerosene, antifreeze, matches, lighters, scissors, needles, knives, sharp tools
  - *Plants*: some common poisonous plants are daffodils, hyacinths, philodendron, rhubarb leaves

- Unload firearms; store firearms and ammunition separately and inaccessible to children.

Have safe and sanitary equipment and supplies for diapering and toileting, including easily accessible hand washing facilities for the caregiver.
Changing diapers in a sanitary way is one of the most important ways to prevent the spread of disease. Organisms causing diarrhea, hepatitis A, Giardiasis and other illnesses can spread to caregivers and family members as well as children in care. Help prevent illness by using proper diapering procedures.

If more than one child using bottles is in care, label bottles with each child's name.

Provide for each child's sleep or rest.

- A cot, mat or bed for each child. (You may use a couch except for a newborn or infant.)
- A crib or playpen with a mattress or mat with a washable waterproof covering for each newborn and infant.
- Individual clean and sanitary bedding for each child.

- Clean and sanitize cots, mats, beds, cribs, playpens, mattresses, blankets, mattress covers, and linens at least weekly and between use by different children.
- Only newborns, infants, non-climbing toddlers, or children with special needs may be placed in a crib.

Smoking is prohibited in your home during hours of child care operation. Alaska law requires this to protect children from the health hazards of second hand smoke.

Additional Comments

Tips on safe food handling

- Wash all fruits and vegetables thoroughly.
- Store food in tightly covered containers to protect it from insects and rodents.
- Keep hot foods hot and cold foods cold. Keep hot foods above 140 degrees and cold foods refrigerated below 40 degrees.
- Do not let food stay in the danger zone (40-140 degrees) for more than 1 hour.
- Defrost food in the refrigerator or microwave, not at room temperature.
- Throw out any food that looks questionable.
- Do not refreeze food after it thaws.
- Keep the kitchen clean and disinfected (dishes, utensils, appliances and work surfaces).
- Divide large portions of hot food into small containers for refrigeration for safe, rapid cooling.
- Cook food thoroughly to kill harmful bacteria. Cook red meat to 160; cook poultry to 180; cook eggs until yolk and white are firm, not runny.

NIGHT TIME CARE. Section 248.

If you regularly care for children after 10:00 p.m. you must follow night time care standards. You do not need to stay awake all night. Of course, you should be awake when a child is awake and when a child arrives or leaves. Never let parents drop off or pick up children without a caregiver being awake and present.

- Night time care requirements apply to homes that regularly care for children between 10:00 p.m. and 6:00 a.m.

  Child care homes do not ordinarily care for the same children 24 hours a day. Usually children are in care for only part of the 24 hour day. However, you may occasionally care for children 24 hours a day for up to 30 consecutive days if you meet night time care standards and DFYS grants prior approval. If you regularly care for the same children 24 hours a day, you must have a foster home or residential license.

- You may provide night time care for no more than five children, including children related to you. If you provide both day and night care, the number of children during overlapping periods must never exceed the number for which you are licensed.

- Make arrangements so children arriving or leaving do not disturb sleeping children.

- You or the child's parents provide each child with his or her own sleeping garments, comb, toothbrush (labeled with the child's name), towels, soap, and a special toy or blanket if the child wishes.

- Provide meals for children. Serve dinner to children present at dinner time, a night time snack, and breakfast to children for whom you cared over night.

- Provide children with a shower, tub, or sponge bath as needed for cleanliness. For

safety, when children younger than school-age are bathing, be in the room with them.

Additional comments

Night time care is in demand, especially by single parents and for children whose parents work at night, for example, computer operators, nurses, or shift workers. Children in night care need some special services. Talk with parents about their child's routine at home. Some children feel more fearful at night or have nightmares. Be aware of these concerns so you can help ease them. Before you commit to providing night time care, it is a good idea to talk it over with your family.

HEALTH. Section 250.

Administering medication

"Medication" includes prescription drugs, over-the-counter drugs (for example, Tylenol substitutes or cold remedies), naturopathic remedies, and vitamin and mineral supplements. DFYS does not require you to give medication to children. However, if it is your policy to do so, you must:

- Have written parent permission to administer medication
- The parent provides all medication.
- The parent provides written instructions for administering the medication. (For a prescription medicine, the instructions on the prescription label are acceptable if they include the prescribing person's name, child's name, length of time to be administered, and dosage.)
- Medication is administered by a designated caregiver.
- The caregiver administering the medication records the time they give each dose and initials the record.
- Keep medication inaccessible to children.
- Label medication with the child's name.
- Return unused medication to the parent when it is no longer needed.

Mildly ill children

You may care for mildly ill children if they can participate comfortably in your program and their needs do not compromise the care of other children. A sick child who needs so much of your time that you cannot meet the needs of well children should not be in child care. DFYS does not require that you care for mildly ill children. If you choose to care for a mildly ill child, you and the parent must arrange a plan of care, and you provide a place where, under adult supervision, the child may rest or play quietly apart from other children.

Children with a serious illness or highly communicable disease

You may not admit a child who shows symptoms of serious illness or a highly communicable disease unless a medical provider says the child may attend child care. Symptoms of serious illness include:

- Unusual lethargy, irritability, persistent crying, difficult breathing, or other unusual signs
- Uncontrolled diarrhea, increased number of stools, increased stool water, or decreased form that is not contained by the diaper or toilet use
- Fever of:

Age	Temperature (Fahrenheit)
Under 4 months	100 degrees (oral); 101 degrees (rectal)
4-24 months	101 degrees (oral); 102 degrees (rectal)
Over 24 months	102 degrees (oral)

Communicable and contagious conditions

If children are exposed to a communicable disease or contagious condition (for example, lice or scabies) you must inform their parents.

Rest or sleep
All newborns and infants must have the time they need to sleep or rest quietly. Children under 6 who are in care for longer than 4 hours must have time, according to their individual needs, to lie down and sleep or rest quietly. (Requirements for beds and bedding are in Section 247.) Having rest time in your daily schedule benefits everyone, including you. It works well to follow a consistent routine, with rest at a regular time and in the same place every day.

Hand washing and hygiene
Always use proper hand washing techniques, especially before feeding children and before and after changing diapers and helping children with toileting. The number one way to prevent disease is to wash your hands thoroughly and often. Keep children's hands washed and teach them the hand washing habit.

Additional comments

Disease control
Children can get contagious diseases in any setting, but there are more chances to pick up disease germs in a group setting. Your challenge is to keep one child's illness from spreading to others. An ill person is often contagious before showing any symptoms and children may spread disease germs without ever getting sick themselves. Always take steps to prevent the spread of disease, not just when a person is obviously sick. Protect yourself, your family, and the children against contagious diseases by always practicing good hygiene.

HIV (Human immunodeficiency virus) and AIDS
By getting facts about HIV and AIDS you can protect yourself and prevent misconceptions that cause needless fear. HIV is not spread through normal daily contact. It is not spread by hugging, holding hands, toilet seats, bathtubs, dishes and eating utensils, or insects. The Division of Public Health states, "All evidence indicates that there is no risk of HIV transmission in the kinds of contact that children have with each other and with staff or care givers in schools, day care, and foster care settings." (See appendix 19.)

Alaska law and the Americans with Disabilities Act prohibit discrimination against persons with disabilities including AIDS and HIV. Children with AIDS need care and affection, not isolation. They should be nurtured and encouraged to enjoy and participate in all activities of childhood. If you care for a child who you know is HIV infected, you may not share that information with parents of other children in your care, or anyone else for that matter. Medical information, including being infected with HIV, is confidential.

IMMUNIZATIONS. Section 255.

We all want children to grow up healthy and free of serious disease. One of the easiest and most effective ways of achieving this is to make sure children receive all recommended immunizations. Immunizations have nearly eliminated diseases that used to cause permanent damage and death to thousands.

Immunizations for children in care
Children must be immunized before attending licensed care. Before admitting a child, it is your responsibility to require parents to give you a record of their child's immunizations or exemption from immunization, to check whether the child has correct immunizations (See Appendix 12), and to keep the record on file. It is the parents' responsibility to have their child immunized and keep an immunization record. This applies to "drop-in" child care

(irregular care that is usually not arranged in advance). Get immunization records for drop-in children by the second time you care for them.

Acceptable immunization records
- International immunization certificate
- Statement by a physician
- Clinic or health center record

Immunization records must include
- Name of vaccines
- Name of health provider giving the vaccines
- Date each dose was received

Parents should give you a copy machine duplicate of the record. Never keep a child's original record A hand-copied record is not adequate because it lacks medical authentication. DFYS checks immunization records during licensing inspections, and the Division of Public Health periodically checks records.

If a child is exempt from immunizations for medical or religious reasons, keep a record of the exemption. A medical exemption requires a statement signed by a physician (M.D.) or osteopath (D.O.) licensed in Alaska. saying that immunizations would be harmful to the child's health or members of the child's family. A religious exemption requires a statement signed by the parent saying that immunization conflicts with practices of the church or religious denomination of which the parent is a member.

If you live in a community where regular medical service is not available at least weekly, you may temporarily (up to 90 days) admit a child without all required immunizations. This is not recommended. Report a "provisional" admission to the Division of Public Health.

Additional comments

For more information about immunizations, call your local health clinic, public health nurse, or the Dept. of Public Health Immunization Unit in Anchorage. A free booklet, *Childcare and Preschool Immunization Manual,* is available from Alaska Division of Public Health.

As you talk with parents you can help them understand the importance of immunizations. Encourage them to keep their child's immunizations current. For busy working parents this can be an inconvenience, so be supportive but firm about requiring that all children are properly immunized.

NUTRITION. Section 260.

Meals and snacks
- Provide at least one meal for a child in care for five hours or more.
- Provide a snack or a breakfast before lunch.
- Provide a snack between lunch and dinner.
- Provide an additional meal for a child in care over 10 hours.
- Provide a snack for school age children after school.
- All meals and snacks must be nutritious and meet requirements of the child care food program. (See Appendix 10.)
- Avoid snacks with a high sugar content and juice drinks that are not pure fruit juice and water.
- Parents may provide food for children's snacks and meals.
- Food must meet children's individual needs.
- Ask parents about any special needs or food allergies of their child. Use this information in planning the child's meals.
- You may encourage, but never force, a child to eat.

Bottle feedings
- You or the parents may prepare bottle feedings. If you prepare bottles, consult with the parents so you can be consistent with the child's home bottle feedings.

- Feed infants according to their own schedule, and by the same person as far as possible.
- A caregiver must always hold a child during bottle feedings.
- Children may not hold or carry their bottle when they are not feeding.
- Do not prop bottles for children. Do not put children down for naps with their bottles.

Additional comments

Good nutrition is a basic part of good child care. A balanced diet provides the fuel needed for physical activity and development. Children grow and develop faster during the first few years of life than at any other time. For example, a child's brain will reach about 90% of its growth during the first four years of life. A child needs nutritious food to be energetic, attentive, good-natured and healthy.

Attention to individual needs is important. The Food chart (Appendix 10) recommends portions based on children's ages, but appetites vary from child to child and from day to day. Offer recommended portions then provide second helpings when a hungry child requests it. If a child is not interested in eating, you may encourage, but never force them, to eat. Invite children to sample different foods, but do not nag them if they do not. Accept normal variations in appetites and eating patterns without comments. As children's appetites and tastes vary, so does the rate at which they eat. Some eat quickly and want to hurry off to play; others linger over their food. Allow them to eat at their own pace.

Meal and snack times should be pleasant, sociable times. They are a good opportunity to talk about the days activities and upcoming events. Letting children help prepare, serve, and clean up after meals can help develop self-help and social skills. Children should be comfortably seated while eating. Walking, running or playing increases the risk of choking.

Tell parents what kind of snacks and meals you provide, and at what times of day. Tell them about anything special in your nutrition program, such as a policy of no sweets. Most parents appreciate a caregiver who is interested in their child's nutrition.

Infant feeding has special considerations. Try to adjust to their feeding schedule and consistently respond to their needs for food. This helps infants develop trust in adults caring for them. Rigid feeding schedules may be based on adult's rather than infant's needs. Hold babies and talk to them in a pleasant, soothing voice while they are drinking a bottle. Do not put children down to nap with their bottles or let children carry their bottles around when they are not feeding. These are health hazards which increase the risk of choking, aspiration, ear infections, and tooth decay.

DEFINITIONS. Section 275.

7 AAC 50.275. DEFINITIONS. In 7 AAC 50.120 -- 7 AAC 50.275, unless the context requires otherwise,

(1) "**administrator**" means the individual who has been designated by the legal entity or person with overall responsibility for a facility to administer the facility's program; the administrator and the legal entity or person, as defined in AS 01.10.060(8), may be the same individual;

(2) "**ambulatory**" means an individual who is physically and mentally capable of achieving mobility sufficient to exit a building without the aid of another person;

(3) "**caregiver**" means an employee, substitute, volunteer, or other person in a facility whose duties include care and supervision of children;

(4) "**center**" means a child care center as defined in this section;

(5) "**child**" means any child received for child care at the facility, and includes a child related to the owner, a caregiver, or an employee of the facility;

(6) "**child abuse or neglect**" has the same meaning as in AS 47.17.290;

(7) "**child care**" means care, supervision, and providing developmental opportunities on a regular basis, with or without compensation, for a child or children unaccompanied by a parent or legal guardian;

(8) "**child care center**" means a place in which child care is provided for thirteen or more children;

(9) "**child care facility**" includes a child care center, a family child care group home, and a family child care home, as defined in this section, and includes a nursery as defined in AS 47.35.900;

(10) "**child with special needs**" means a child who has a developmental disability, as defined in AS 44.47.310, or is mentally retarded, emotionally disturbed, hearing impaired, orthopedically impaired, other health impaired, speech impaired, visually impaired, or multihandicapped as described in 4 AAC 52.130(b)--(1) or 7 AAC 23.080(a).

(11) "**department**" means the Department of Health and Social Services;

(12) "**director**" means the director of the division of family and youth services in the department;

(13) "**division**" means the division of family and youth services in the department;

(14) "**facility**" means a child care facility as defined in this section;

(15) "**family child care home**" means a residence in which child care is provided for no more than eight children under age 12;

(16) "**family child care group home**" means a place, usually an occupied residence, in which child care is provided for no more than 12 children under age 12;

(17) "**home**" includes a family child care home and a family child care group home;

(18) "**individualized education plan**" (IEP) means a written individualized education program for a child with special needs developed by a school district in accordance with 4 AAC 52.140, for children ages three through 18, or by a department infant learning program grantee or the child's private physician under criteria contained in 7 AAC 23.090(d)(3) for children ages from birth to three years;

(19) "**infant**" means a child age six weeks through 11 months, or a child 12 months of age or older who is not walking independently;

(20) "**kindergarten aged child**" means a child age five;

(21) "**licensing representative**" means a staff member of the division or an authorized designee;

(22) "**newborn**" means a child from birth through five weeks of age;

(23) "**night time care facilities**" means a center or home in which children are received for regular care ordinarily between the hours of 10:00 p.m. and 6:00 a.m.;

(24) "**pre-elementary aged child**" means a child age 30 months through age four;

(25) "**regular or regularly**" means providing child care services for more than one day a week for at least five continuous weeks;

(26) "**related**" means any of the following relationships by marriage, blood, or adoption: parent, grandparent, brother, sister, stepparent, stepsister, stepbrother, cousin, uncle, aunt, great-aunt, great-uncle, stepgrandparent, niece, nephew, or first cousin;

(27) "**school aged child**" means a child age six through age 18;

(28) "**toddler**" means a child who is walking independently and is age 12 months through age 30 months.

Part 3
Appendices

Checklist for Family Child Care Home License Applicants

Submit the following documents to the Division of Family and Youth Services

_____ Application for a Family Child Care Home License (Form 06-9247)
_____ Parent policy brochure. (You may use either sample form 06-9233 or design your own brochure that includes the required information)
_____ Emergency evacuation plan
_____ Sample activity plan

A licensor will visit your home; some things the licensor checks are:

_____ Smoke detectors and fire extinguishers on each level of your home
_____ First aid supplies available
_____ First aid procedures posted
_____ Emergency telephone numbers posted by the phone
_____ Flashlight or other emergency light
_____ Adequate supply of appropriate toys and equipment
_____ Hazardous materials and guns and ammunition stored safely
_____ Sanitation, including safe drinking water and sewage disposal
_____ Child care space planned, both indoors and outdoors
_____ Individual storage areas for children's belongings
_____ Files set up for required records

Have the following documents available for review by a licensor:
(You will not have some of these until you have children in care)

_____ First aid and CPR training certificate
_____ Tuberculin clearance for each caregiver and household resident over age 16
_____ Child and caregiver attendance record
_____ Emergency Child Record (Form 06-9108) for each child in care
_____ Immunization record for each child in care
_____ Record of monthly evacuation drills

The following documents are needed only if they apply to your program:
_____ Parent permission for spanking, if your policy allows spanking
_____ Parent authorization for administering medicine
_____ Parent permission for field trips and transportation
_____ Plan of care for a child with special needs
_____ If you have an employee or regular volunteer, a job application, job description and 3 references

APPENDIX 2

Checklist for Family Child Care GROUP HOME License Applicants

Submit the following documents to the Division of Family and Youth Services

_____ Application for a Family Child Care Group Home License (Form 06-9246)
_____ Parent policy brochure. (You may use either sample form 06-9233 or design your own brochure that includes the required information)
_____ Emergency evacuation plan
_____ Sample activity plan
_____ Criminal background clearance for administrator
_____ Fire safety approval from Alaska Dept. of Public Safety or their designee

A licensor will visit your home; some things the licensor checks are:

_____ Smoke detectors and fire extinguishers on each level of your home
_____ First aid supplies available
_____ First aid procedures posted
_____ Emergency telephone numbers posted by the phone
_____ Flashlight or other emergency light
_____ Adequate supply of appropriate toys and equipment
_____ Hazardous materials and guns and ammunition stored safely
_____ Sanitation, including safe drinking water and sewage disposal
_____ Child care space planned, both indoors and outdoors
_____ Individual storage areas for children's belongings
_____ Files set up for required records
_____ 35 square feet of indoor space and 75 square feet of outdoor space per child

Have the following documents available for review by a licensor:
(You will not have some of these until you have children in care)

_____ First aid and CPR training certificate
_____ Tuberculin clearance for each caregiver and household resident over age 16
_____ Child and caregiver attendance record
_____ Emergency Child Record (Form 06-9108) for each child in care
_____ Immunization record for each child in care
_____ Record of monthly evacuation drills

The following documents are needed only if they apply to your program:
_____ Parent permission for spanking, if your policy allows spanking
_____ Parent authorization for administering medicine
_____ Parent permission for field trips and transportation
_____ Plan of care for a child with special needs
_____ If you have an employee or regular volunteer, a job application, job description and 3 references

FAMILY CHILD CARE HOMES
SUMMARY OF STATE LICENSING REQUIREMENTS

STAFF/CAREGIVERS
Are at least 18 years old
Have no physical, mental, or substance abuse problem that affect children's health and safety
Have an annual tuberculosis test
No felony, crime of violence or sex crime in last 10 years
Have five hours of training each year
Are able to care for children in a safe, healthy way

SAFETY
Caregiver with first aid and CPR training is always present
Home is free of hazards, inside and out
Medicine, poisons and hazardous items are stored safely
Guns and ammunition are stored separately and safely
First aid supplies are available
First aid procedures are posted
Emergency numbers are posted by the telephone
Child care license is posted
Electric outlets have child proof cover caps
Emergency information card is kept for each child
Children are always supervised

FIRE SAFETY
Each level of home has a smoke detector and fire extinguisher
Stoves and heaters are safe and are not in sleeping areas, exits, or corridors
Children are cared for on the lst or 2nd floor or daylight basement
Home has a written emergency evacuation plan
Emergency evacuation drill is conducted every month
Home has 2 separate exits

HEALTH
Immunization records are kept for each child
Drinking water is safe
Sewage and garbage are disposed of properly
Smoking is not permitted while children are in care
All medicine is provided by parents
Medicine is given only with parent permission
Food storage, preparation and handling is sanitary

EQUIPMENT AND SUPPLIES
Furniture and equipment are safe and durable
Toys are adequate and varied
Children have individual storage space for belongings
Children under 6 have cot, mat or bed and clean bedding
Diapering and toileting supplies are sanitary

NUTRITION AND FOOD
Meals and snacks are nutritious
Children have at least one meal every 5 hours
Children have morning and afternoon snacks

NUMBER OF CHILDREN IN CARE
(Including children related to caregivers)
At least 1 adult caregiver
No more than 8 children under 12 years
No more than 3 children under 30 months
No more than 2 non-walking children
No more than 5 children in night time care

PROGRAM
Promotes children's healthy development
Includes quiet and active, group and individual, indoor and outdoor activities
TV and video watching are limited to children's programs and do not exceed 1 hour out of 4
High risk activities are not allowed (for example, riding all-terrain vehicles)
Parent permission is required for moderate risk activities (for example, trips to the beach)

DISCIPLINE
Is appropriate, explained to the child, and administered immediately
Is not cruel, humiliating, or damaging
Is not related to food, rest, toileting, or removal from other children for more than 10 minutes
No corporal punishment is allowed for newborns, infants or children with special needs
Spanking is allowed only with written parent permission and within specified limits

PARENTS
Have access to their child at all times
Are encouraged to visit
Receive written child care policies

FAMILY CHILD CARE GROUP HOMES: SUMMARY OF STATE LICENSING REQUIREMENTS

STAFF/CAREGIVERS
Have no physical, mental, or substance abuse problem that affect children's health and safety
Have an annual tuberculosis test
No felony, crime of violence or sex crime in last 10 years
Have five hours of training per year
Are at least 18 years of age
Administrator is at least 21 years of age
Administrator has a criminal history clearance

SAFETY
Home is free of hazards, inside and out
Caregiver with first aid and CPR training is always present
Medicine, poisons and hazardous items are stored safely
Guns and ammunition are stored separately and safely
First aid supplies are available
First aid procedures are posted
Emergency numbers are posted by the telephone
Child care license is posted
Emergency information card is kept for each child
Children are always supervised
Electric outlets have child proof cover caps

FIRE SAFETY
Home meets standards of fire prevention authorities
Home has a written emergency evacuation plan
Emergency evacuation drill is conducted every month

HEALTH
Immunization records are kept for each child
Drinking water is safe
Sewage and garbage are disposed of properly
Smoking is not permitted while children are in care
All medicine is provided by parents
Medicine is given only with parent's permission
Food storage, preparation and handling is sanitary

EQUIPMENT AND SUPPLIES
Furniture and equipment are safe and durable
Toys are adequate and varied
Children have individual storage space for belongings
Children under 6 have cot, mat or bed and clean bedding
Diapering and toileting supplies are sanitary

SPACE
35 square feet of usable indoor space per child
75 square feet of outdoor play space per child

NUTRITION AND FOOD
Meals and snacks are nutritious
Children have at least one meal every 5 hours
Children have morning and afternoon snacks

NUMBER OF CHILDREN IN CARE
(Including children related to caregivers)
2 caregivers
No more than 12 children under 12 years old
No more than 5 children under 30 months
No more than 4 non-walking children
One experienced caregiver may care for 10 children if none are under 30 months
One experienced caregiver may care for 12 children if all are school aged
No more than 5 children in night time care

PROGRAM
Promotes children's healthy development
Includes quiet and active, group and individual, indoor and outdoor activities
TV and video watching are limited to children's programs and does not exceed 1 hour out of 4
High risk activities are not allowed (for example, riding all-terrain vehicles)
Parent permission is required for moderate risk activities (for example, trips to the beach)

DISCIPLINE
Is appropriate, explained to the child, and administered immediately
Is not cruel, humiliating, or damaging
Is not related to food, rest, toileting, or removal from other children for more than 10 minutes
No corporal punishment is allowed for newborns, infants or children with special needs
Spanking is allowed only with written parent permission and within specified limits

PARENTS
Have access to their child at all times
Are encouraged to visit
Receive written child care policies

Child Nutrition Program
Family Day Care Home Program

Program Goals
To promote well-balanced meals for children enrolled in Family Day Care Homes, and to provide training in nutrition for providers and promote development of good eating habits for children.

Services Provided
Cash reimbursements to licensed home providers for meals served. Amounts and types of food served may vary according to the child's age, but all meals must meet USDA nutrition guidelines.

Eligibility
Licensed Family Home providers are reimbursed for meals served to enrolled children. Providers participate in the program through a local non-profit organization or sponsor. Any non-profit tax-exempt or government agency is eligible to be a sponsor.

Program Status
Currently the FDCH program has sponsors in Anchorage, Fairbanks, Kenai Peninsula, Kodiak, Juneau, Sitka, Petersburg, Haines and Ketchikan. The program is federally funded through the National School Lunch Act.

Comments

Contact
Food and Nutrition Services, Department of Education, 801 West 10th Street, Suite 200, Juneau, AK 99801-189, phone: 465-3316, FAX: 465-3396.

2/94

Child Care Subsidy Programs

Program Goals:
To enable low and moderate income families to afford child care while parents are working or in training.

Services Provided
Financial assistance to parents to help pay the cost of child care. Four subsidy programs are administered under this program: the Day Care Assistance Program (DCAP) and the Child Care Development Block Grant Program (CCDBG) for low to moderate income parents who are working or in training; the Transitional Benefits Program for former AFDC families who have been determined to be eligible for this entitlement program; and the At-Risk Assistance Program for families at risk of becoming AFDC.

Eligibility
Funds are available to families based on income limits for the DCAP, CCDBG, and At-Risk programs. The Transitional Benefits program assists former AFDC families for up to 12 months based on eligibility determination by the Division of Public Assistance. Parents may have from 25% to 97% of their child care costs paid for them. The percent of subsidy depends upon the parents' net income. As the net income level increases, the amount of subsidy decreases. Funds are administered through grants from the state to communities, agencies or other organizations.

Program Status
Funding sources for the programs are: DCAP - state funds; CCDBG - federal funds; Transitional - state (50%), federal (50%); At-Risk - state (50%), federal (50%). The federal portion of the funds for the Transitional and At-Risk programs are granted to the Department of Health and Social Services from the federal government but are administered by the Child Care Programs in the Department of Community and Regional affairs as required by federal law. Required match for the federal portion of these programs is part of the DCRA's budget.

Comments
Quality child care programs provide an essential element in a community's overall economic development. Child care provides an opportunity for parents to seek employment, work or train and increases jobs in child care facilities.

Contact
Child Care Programs Coordinator, Division of Community and Rural Development, Department of Community and Rural Development, 333 West 4th Avenue, Suite 220, Anchorage, AK 99501-2341, phone: 269-4670, FAX: 269-4520.

2/94

Child Care Provider Grants

Program Goals
To improve the quality of child care by providing assistance to child care providers and to reduce the cost of child care for parents.

Service Provided
Grant funds are available to child care providers for cost of operations including: staff wages, staff training, age-appropriate equipment, etc.

Eligibility
Child care centers, family child care homes and group homes with a current Alaska child care license. Applications for grant funds are available at any time, since payments are made monthly. Payments are based on the total number of children enrolled at the facility.

Program Status:
Program services are funded through state general funds

Comments

Contact
Child Care Programs Coordinator, Division of Community and Rural Development, Department of Community and Regional Affairs, 333 West 4th Avenue, Suite 220, Anchorage, AK 99501-2341, phone: 269-4670, FAX: 269-4520.

2/94

SAMPLE FORMS FOR CHILD CARE FACILITY USE

The Division of Family and Youth Services (DFYS) has sample forms available for the convenience of child care providers. DFYS will provide one copy of these forms and providers may duplicate the form for their own use. Providers are not required to use these forms, however many find it more efficient than designing their own.

Some of the forms are used by many facilities (for example, the field trip permission forms and fire drill report). Other forms are only used by facilities with employees (for example, the employment application, reference for employment, orientation checklist.)

Form Name	Form #	For use of:
Field trip permission	100ccf	Any facility
Field trip permission	101ccf	Any facility
Authorization for corporal punishment	102ccf	Any facility
Orientation checklist	103ccf	Any facility
Child care facility incident report	104ccf	Any facility
Plan for alternate outdoor play...	105ccf	Center, Group Hm.
Report to parent of spanking	107ccf	Any facility
Immunization guide...	108ccf	Any facility
Sample family child care daily schedule	111ccf	Home
Plan for shared use of building...	112ccf	Center, Group Hm.
Fire drill report	113ccf	Any facility
Employment application: ...caregiver	114ccf	Any facility
Reference for employment (caregiver)	115ccf	Any facility
Authorization for admin of medication	116ccf	Any facility
Reference for employment worksheet	117ccf	Any facility
Plan of care...special needs	118ccf	Any facility
Caregiver training record	119ccf	Any facility
Attendance schedule	120ccf	Any facility
Discipline log	121ccf	Any facility
Sample evacuation form	122ccf	Any facility
Family child care home policy	123ccf	Family CC Home
Family child care home policy	124ccf	Family CC Home

CHILD CARE POLICY WORKSHEET

NAME OF FACILITY: _____

TYPE OF FACILITY: [ ] Center [ ] Family Child Care Home [ ] Group Home

TYPE OF HANDOUT: [ ] Original [ ] Photocopy [ ] Model Form [ ] Printed Brochure

Instruction: Applicants for a child care facility license are required to have written policies which address the topics listed below. The licensing worker evaluates the policies. If corrections or additions are needed, the worker returns this worksheet to the applicant with necessary additions or corrections noted.

[ ] Name of facility, address

[ ] Name of owner/operator, type of ownership (optional)

[ ] Type of service offered (center, family child care home, group home, drop-in, etc.)

[ ] Ages of children licensed for

[ ] Caregiver to child ratio; number of children licensed for

[ ] Hours & days open

[ ] Holiday closures

[ ] Provisions for:
- [ ] Infants
- [ ] School aged children
- [ ] Nighttime care (10pm - 6am)
- [ ] Week-end care

[ ] Enrollment requirements and procedures

[ ] Discipline and behavior management
- [ ] Spanking policy

[ ] Meals, snacks, and beverages

[ ] Nondiscrimination as required by law

[ ] Fees and payment plans

[ ] Liability insurance coverage

[ ] Sample daily schedule for each age group served

[ ] Rules about personal belongings brought to facility

[ ] Television and video cassette viewing

[ ] Transportation arrangements

[ ] Unlimited parent access to child; parent encouraged to visit freely, observe or participate

[ ] Parent permission for trips/activities outside facility

[ ] Smoking prohibited

[ ] Cold weather outdoor play

[ ] Animals at facility (type, accessibility)

[ ] Requirement to report child abuse to the Division

[ ] Policy for use of:
- [ ] Volunteers
- [ ] Substitute caregivers (preplanned & emergency)

[ ] Ill children
- [ ] Policy for care
- [ ] Parent permission for giving medication

[ ] Regulatory role of DFYS
- [ ] Address of nearest DFYS office
- [ ] DFYS will investigate complaints (Note: Parents may be encouraged to review concerns with the administrator as a first step in resolving concerns.)

[ ] Notification of changes in program

Reviewed By: _____

Date: _____

FOOD CHART

Child Care Food Program

For required serving amounts for infants up to age 1 year, refer to your handbooks or to program regulations.

		Age 1-2	Age 3-5	Age 6-12
Breakfast (one serving from each of the three groups)	Fluid Milk	1/2 cup	3/4 cup	1cup
	Juice, Fruit, or Vegetable	1/4 cup	1/2 cup	1/2 cup
	Bread or Bread Alternate*	1/2 slice	1/2 slice	1 slice
Snack (one serving from each of any two groups)	Fluid Milk	1/2 cup	1/2 cup	1 cup
	Juice, Fruit, or Vegetable	1/2 cup	1/2 cup	3/4 cup
	Meat or Meat Alternate***	1/2 ounce	1/2 ounce	1 ounce
	Bread or Bread Alternate*	1/2 slice	1/2 slice	1 slice
Lunch and Dinner (one serving from each of the groups plus an additional serving of Fruit and/or Vegetable)	Fluid Milk	1/2 cup	3/4 cup	1 cup
	Meat or Poultry or Fish or	1 ounce	1 1/2 ounce	2 ounces
	Cheese or	1 ounce	1 1/2 ounce	2 ounces
	Egg or	1	1	1
	Cooked Dry Beans and Peas or	1/4 cup	3/8 cup	1/2 cup
	Peanut Butter or other Nut or Seed Butters or	2 Tablespoons	3 Tablespoons	4 Tablespoons
	Nuts and/or Seeds**	1/2 ounce	3/4 ounce	1 ounce
	Fruits and/or Vegetables (2 or more)	1/4 cup total	1/2 cup total	3/4 cup total
	Bread or Bread Alternate*	1/2 slice	1/2 slice	1 slice

* Acceptable bread alternates include cornbread, biscuits, muffins, etc. made with whole grain or enriched flour, whole grain or enriched cereal, and whole grain or enriched rice, macaroni and other pasta products.

** Nuts and seeds meet only 50% of the meat alternate at lunch or dinner. An additional meat/meat alternate must be served.

*** Yogurt may be used as a meat/meat alternate in the snack only. 8 ounces or 1/2 cup is the equivalent of a 1 ounce serving of meat/meat alternate.

Information on this chart provided by the Child Care Food Program, State of Alaska, Dept. of Education

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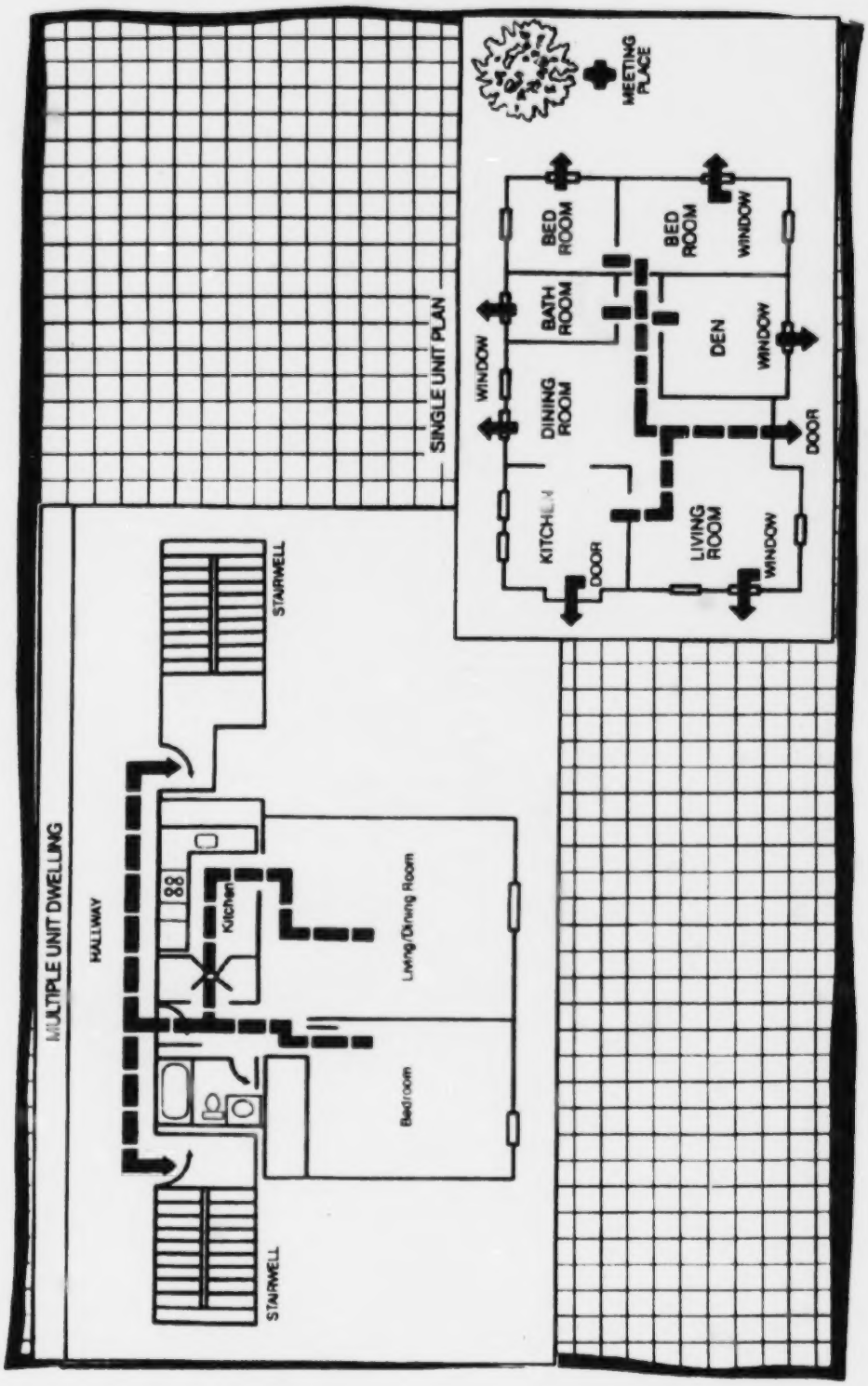
Sample Evacuation Plan



IMMUNIZATION SCREENING TABLE
FOR CHILD CARE FACILITIES AND IMMUNIZATION CLINICS

BY THIS AGE	CHILDREN SHOULD HAVE RECEIVED
3 months	1 DTP, 1 OPV
5 months	2 DTP, 2 OPV
7 months	3 DTP, 2 OPV*
16 months**	3 DTP, 2 OPV, 1 MMR
19 months**	4 DTP, 3 OPV, 1 MMR
4-6 years (before school entry)	5 DTP+, 4 OPV++, 1 MMR

DTP = Diphtheria, Tetanus, Pertussis
OPV = Oral Polio Vaccine
MMR = Measles, Mumps and Rubella

* A 3rd dose of OPV at 6 months is not recommended.

** Although Alaska Public Health Nurses will be administering the 4th DTP and 3rd OPV at 15 months along with the MMR, some other health care providers may continue to prefer administering the MMR at 15 months followed by DTP and OPV at 18 months.

\+ Four DTP are sufficient if the 4th DTP was given after the 4th birthday and at least six months after the third DTP dose.

++ Three OPV are sufficient if the 3rd OPV was given after the 4th birthday and at least 6 weeks after the second OPV dose.

Infection Control for Child Care Providers

Making a habit of good infection control is fundamental to the care of all children. Many diseases, both minor and more serious, can be prevented by following a few simple guidelines.

· Routine Infection Control

This is just another name for good personal and family hygiene. It includes such precautions as washing hands thoroughly before and after changing a child's diaper, using the bathroom, and handling food or medications; maintaining a clean environment; washing dishes well in hot, soapy water; covering the nose and mouth when sneezing or coughing; and getting sufficient rest and eating a nutritious diet. All children - and adults - should be taught to practice such behaviors routinely.

· Particular Infection Control

Some precautions are specific to particular diseases, depending on how the disease is spread. For example, pink eye, chicken pox and impetigo are all contagious diseases and each requires somewhat different precautions to avoid transmission. Once an infection is identified, the child's health care provider can furnish instructions about necessary safeguards.

· Universal Precautions

Universal precautions is the term used for procedures that prevent the spread of blood-borne infections. This means that all blood, and body substances that contain blood, should be treated as if they were infected. We see the people that provide health care use these measures when we get health or dental care.

· HIV Specific Precautions

Precautions specific to HIV infection are <u>not</u> required in the child care setting. This is based on the following principles:

1. HIV is spread only through blood, semen and vaginal secretions.

2. Because we do not know who is infected, blood, semen and vaginal secretions should always be treated as if they contain HIV or other germs.

3. HIV is a fragile virus outside the body and is easily killed by soap and water or most household disinfectants such as bleach.

· Bleeding Emergencies

The blood of one person should not come in contact with the broken skin (cuts, scrapes, rashes) or mucous membrane (lining of the mouth, nose or eyes) of another.

If old enough, a child can often provide first aid for his or her own injury, i.e. wash a scrape, apply pressure to a cut, stop a nosebleed. Giving direction and support is all that is needed in most circumstances.

When it is necessary to assist with first aid, put a barrier between yourself and the blood of another. You can use a towel, a piece of clothing, a diaper, gauze, etc. Care should not be delayed in an emergency because specialized items such as latex gloves are not available.

Your unbroken skin is an excellent protective barrier. If contact with another person's blood occurs, the skin should be washed with soap and water as soon as feasible.

· Cleaning up blood

Disposable items can simply be placed in a plastic bag and put into the garbage.

Use household disinfectants and germicides diluted according to package instructions to clean up spills of blood on hard surfaces. Bleach solution (diluted one part bleach to nine parts water) can be used; this solution should be made fresh each time it is needed.

Wash linen and clothing with other laundry in a washing machine with bleach according to package instructions. Clean rugs and upholstery with shampoos available for these items.

· CPR

CPR has never been documented as a source of HIV infection. CPR instructors, through the Red Cross and the Fire Department, have information on how to avoid mouth to mouth contact with special masks. In an emergency, CPR should never be delayed because of a lack of special equipment.

Juneau Public Health Center
9/93

State of Alaska Epidemiology **Bulletin**

Department of Health and Social Services
Theodore A. Mala, MD, MPH, Commissioner

Division of Public Health
Peter M. Nakamura, MD, MPH, Director

Section of Epidemiology
John Middaugh, MD, Editor

3601 C Street, Suite 578, P.O. Box 24-0249, Anchorage, Alaska 99524-0249 (907) 561-4408

Bulletin No. 35 September 20, 1993

POLICY FOR SCHOOLS, DAY CARE, AND FOSTER CARE FOR CHILDREN INFECTED WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)

The Department of Health and Social Services adopted policies regarding children with HIV infection for schools, day care, and foster care in 1985.[1] The following updates this policy statement to reflect current terminology and knowledge of the absence of HIV transmission in school and child care settings. The revisions have been approved by the State AIDS Task Force and endorsed by the Anchorage Medical Society, the Alaska Public Health Association, the Department of Health and Human Services of the Municipality of Anchorage, the Medical Advisory Committee of the Anchorage School District, and the Alaska Department of Education.

BACKGROUND

Persons infected with HIV follow a spectrum of disease from healthy with no symptoms to severe illnesses with conditions defining Acquired Immunodeficiency Syndrome (AIDS). HIV infection is transmitted among adolescents and adults primarily through unprotected sexual intercourse and sharing injection drug equipment. In children, HIV infection is most frequently acquired perinatally (before or during birth) from an HIV-infected mother. Children and adults may also acquire HIV infection through receiving blood products from HIV-infected donors. This has become a rare occurrence in the United States since 1985 when HIV testing of all blood and tissue donations was instituted.

No cases of HIV infection in the United States are known to have been transmitted in schools, day care, or foster care settings; through close, non-sexual contact among family members; or through casual person-to-person contact.

All evidence indicates that there is no risk of HIV transmission in the kinds of contact that children have with each other and with staff or care givers in schools, day care, and foster care settings.

RECOMMENDATIONS

- **HIV-infected children should generally be allowed to attend school and day care and to be placed in a foster home in an unrestricted setting.**
- **Decisions about HIV-infected children with developmental delays and with behavioral or medical problems should be made on a case-by-case basis by a team including the child's physician, public health personnel, the child's parent or guardian, and personnel associated with the proposed care or educational setting.**
- **Routine screening for HIV infection for school entry, day care, or foster care is not warranted.**

NON-DISCRIMINATION

State statute (AS 18.80.010 - 18.80.300) and Federal laws (Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990) prohibit discrimination against persons with disabilities. **AIDS and HIV are considered handicapping conditions covered under these statutes.**

1. Section of Epidemiology. AIDS Policies for Schools, Day-Care, and Foster-Care. Epidemiology Bulletin No. 23, December 27, 1985.

Typical Activity Schedule
(Sample Daily Program)

7:00	Opening Time
7:00 - 9:30	Supervised free play as children arrive. Have puzzles, table games, blocks, dolls, dress-up clothes available and let children select own activity. Provider cleans up from breakfast, fixes snack and starts lunch if serving something like casserole that needs to be prepared ahead.
9:30 - 9:45	Children pick up, toilet and wash hands in preparation for snack.
9:45 - 10:00	Snack
10:00 - 10:30	Creative art, using a variety of art materials on different days. Possibilities are finger painting, easel painting, crayons, clay, play dough, pasting and cutting.
10:30 - 11:00	Vigorous activity, outside if possible; exercise and active games if children must be inside.
11:00 - 11:45	Music experience. Songs, finger plays, listening to records, dancing, rhythm instruments are suggestions.
11:45 - 12:00	Children pick up, toilet and wash hands in preparation for lunch.
12:00 - 12:30	Lunch, followed by washing and brushing teeth.
12:30 - 12:45	Story time. Using a flannel board makes stories more interesting. A variation from story reading is to have a picture collection and let the children talk about what is happening in the picture. This is also a good time for them to share their own experiences. This type of quiet activity prepares children for their naps.
12:45 - 2:45	Nap. Provider cleans up lunch dishes and rests. This is also a good time to plan next day's activities.
2:45 - 3:00	Children dress and prepare for snack.
3:00 - 3:15	Snack.
3:15 - 3:45	Active games, outdoors if possible.
3:45 - Close	Supervised free play as from 7:00 - 9:30 a.m. Part of this time period could be used once a week for science activities, once a week for water play, and once a week for play with rolled wheat, oats, or sand.

Adapted from : An Adult-Sized Guide to Child-Sized Environments, Washington Dept. of Social & Health Services, 1993, p. 29.

What are some good toys and play materials for young children?

All ages are approximate. Most suggestions for younger children are also appropriate for older children.

	Sensory materials	Active play equipment	Construction materials	Manipulative toys	Dolls and dramatic play	Books and recordings	Art materials
2-year-olds and young 3's	Water and sand toys: cups, shovels Modeling dough Sound-matching games Bells, wood block, triangle, drum Texture matching games, feel box	Low climber Canvas swing Low slide Wagon, cart, or wheelbarrow Large rubber balls Low 3-wheeled, steerable vehicle with pedals	Unit blocks and accessories: animals, people, simple wood cars and trucks Interlocking construction set with large pieces Wood train and track set Hammer (13 oz. steel shanked), soft wood, roofing nails, nailing block	Wooden puzzles with 4–20 large pieces Pegboards Big beads or spools to string Sewing cards Stacking toys Picture lotto, picture dominoes	Washable dolls with a few clothes Doll bed Child-sized table and chairs Dishes, pots and pans Dress-up clothes: hats, shoes, shirts Hand puppets Shopping cart	Clear picture books, stories, and poems about things children know Records or tapes of classical music, folk music, or children's songs	Wide-tip watercolor markers Large sheets of paper, easel Finger or tempera paint, ½" brushes Blunt-nose scissors White glue
Older 3's and 4-year-olds	Water toys: measuring cups, egg beaters Sand toys: muffin tins, vehicles Xylophone, maracas, tambourine Potter's clay	Larger 3-wheeled riding vehicle Roller skates Climbing structure Rope or tire swing Plastic bats and balls Various sized rubber balls Balance board Planks, boxes, old tires Bowling pins, ring toss, bean bags and target	More unit blocks, shapes, and accessories Table blocks Realistic model vehicles Construction set with smaller pieces Woodworking bench, saw, sandpaper, nails	Puzzles, pegboard, small beads to string Parquetry blocks Small objects to sort Marbles Magnifying glass Simple card or board games Flannel board with pictures, letters Sturdy letters and numbers	Dolls and accessories Doll carriage Child-sized stove or sink More dress-up clothes Play food, cardboard cartons Airport, doll house, or other settings with accessories Finger or stick puppets	Simple science books More detailed picture and story books Sturdy record or tape player Recordings of wider variety of music Book and recording sets	Easel, narrower brushes Thick crayons, chalk Paste, tape with dispenser Collage materials
5- and 6-year-olds	Water toys: food coloring, pumps, funnels Sand toys: containers, utensils Harmonica, kazoo, guitar, recorder Tools for working with clay	Bicycle Outdoor games: bocce, tetherball, shuffleboard, jumprope, Frisbee	More unit blocks, shapes, and accessories Props for roads, towns Hollow blocks Brace and bits, screwdrivers, screws, metric measure, accessories	More complex puzzles Dominoes More difficult board and card games Yarn, big needles, mesh fabric, weaving materials Magnets, balances Attribute blocks	Cash register, play money, accessories, or props for other dramatic play settings: gas station, construction, office Typewriter	Books on cultures Stories with chapters Favorite stories children can read Children's recipe books	Watercolors, smaller paper, stapler, hole puncher Chalkboard Oil crayons, paint crayons, charcoal Simple camera, film

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If You Disagree With Your Licensor
A Grievance Procedure

Occasional disagreements between licensed providers and their licensor are to be expected. For example, a licensee may believe she complies with a requirement and the licensor believes she does not comply, or she may believe she has been treated without courtesy.

DFYS has a procedure for dispute resolution where individuals and division staff can voice their concerns and reach a fair resolution. This grievance procedure does not replace other appeal processes which are already available. It would not be used, for example, to complain of a license denial or revocation, dispute on a contract for services, or a decision regarding civil rights. The policy for suggesting the grievance procedure to a licensee follows.

POLICY: It is the responsibility of division employees to work with individuals who express concerns about the division. During this critical process, a full grievance may be avoided by active listening, immediate and timely response and extra measures of courtesy. When it is evident that an organized approach to resolving concerns might enable parties to reach a resolution, the division's grievance procedure should be offered.

Grievance procedures are contained in 7 AAC 36.205 - 7 AAC 36.240. In short, they include the following steps:

1) The complainant files a written complaint.

2) The division worker's supervisor determines whether the grievance procedure is applicable, and if so, contacts the complainant to schedule one or more informal meetings with the complainant and involved division staff.

3) The supervisor completes a meeting summary form including what action, if any, was or will be taken. The parties sign to indicate agreement with the summary. Most grievances stop here.

4) If resolution is not reached in the meeting, within five days the supervisor will propose a resolution. The complainant may accept it or request a panel review.

5) When resolution was not reached, a regional appeal panel of two division representatives and a private citizen meet to review the file and the supervisor's proposed resolution; take testimony; deliberate; draft a report of findings, recommendations and proposed resolution; and submit it to the division director.

6) The director issues a final resolution and distributes it to the parties.

BIBLIOGRAPHY

Business/Finance

Basic Guide to Family Day Care Record Keeping. 4th ed. St. Paul: Redleaf Press. 100p.

Clear step-by-step instructions for keeping business income and expense records, and for completing federal income tax forms for self-employed persons.

Calendar-keeper. St. Paul, MN: Redleaf Press. Updated yearly.

Especially helpful for new providers just learning about the business aspects of home-based child care. Easy-to-use record-keeping system. Space for monthly attendance records, income and expense records, and a tax worksheet. Monthly activity suggestions.

Dollars and Cents: A Tax Resource for Family Child Care. Englewood, CO: Wildwood Resources. Updated yearly.

Gives a brief overview of current tax laws relating to a child care business. Information on record keeping, deductions, space/time percentages, depreciation, food program, self-employment tax, IRS forms and publications.

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Child Care and Development

Alger, Harriet A., *"Transitions: Alternatives to Manipulative Management Techniques"*, Young Children, Sept., 1984, pg. 16-24.

Alike and Different: Exploring Our Humanity with Young Children. Rev. ed. Washington, D.C.: NAEYC, 1992. 186p.

A collection of practical essays to help caregivers integrate children with special needs and children with all sorts of backgrounds into their program to make it better for everyone.

Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth Through Age 8. Expanded ed. Washington, D.C.: NAEYC, 1989. 91 pages.

The early childhood profession's consensus of appropriate and inappropriate teaching practices for children from infancy through 8 years.

The following brochures are available from NAEYC for $ .50 each:
Developmentally Appropriate Practice in Early Childhood Programs Serving Infants.
Developmentally Appropriate Practice in Early Childhood Programs Serving Toddlers.
Developmentally Appropriate Practice in Early Childhood Programs Serving Younger Preschoolers.
Good Teaching Practices for Older Preschoolers and Kindergartners.

Greenman, J. *Caring spaces, learning places: Children's Environments that Work.* Redmond, WA: Child Care Information Exchange, 1988.

Kuykendall, Jo. *Early Childhood Development Series.* Fairbanks, AK: Cooperative Extension Services, University of Alaska Fairbanks, 1991.

Set of 11 publications on topics of child development, activities for children, discipline, toy selection, etc.

The What, Why, and How of High-Quality Early Childhood Education: a Guide for On-Site Supervision. Washington, D.C.: NAEYC, 1993. 132p.

How to pinpoint and solve problems in programs for infants, toddlers, preschoolers, and mixed age children in family child care.

Discipline

Helping Children Learn Self-Control. Washington, D.C.: NAEYC.

Basic Techniques to help children develop self-discipline.

Mitchell, Grace. *A Very Practical Guide to Discipline with Young Children.* Telsare Pub. Co.

Family Child Care

Kontos, Susan. *Family Day Care: Out of the Shadows and Into the Limelight.* Washington, D.C.: NAEYC, 1992. 170p.

A readable examination of research on family child care, including answers to questions such as, Who are family providers? What services to they provide to what families and children? What provider training is most effective?

Modigliani, Kathy. *Opening Your Door to Children: How to Start a Family Day Care Program.* Washington, D.C.: NAEYC, 1987. 69p.

Health and Safety

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. Washington, D.C.: American Public Health Association, 1992. 410p.

Comprehensive guidelines addressing the health and safety aspects of child care homes and centers. Covers health and safety needs of children from infants to 12 years old.

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Comprehensive guide to physical safety of children. Includes many checklists to help evaluate safety features.

Kendrick, Abby Shapiro and Joanne Gravell. *Family Child Care Health and Safety. Checklist.* Massachusetts Dept. of Public Health; distributed by Redleaf Press. 59p.

A tool to help you make your home safe for children. Includes a detailed checklist, health and safety tips, quick reference pages, list of mail order companies where you can buy safety supplies. (A 20 minute video to accompany the checklist is also available.)

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Nutrition

Dunkle, Joc Lynn and Martha Shore Edwards. *The (No Leftovers) Child Care Cookbook.* 210p.

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Nutrition for the young child. Also includes songs, games and food preparation experiences, recipes, and guidelines.

Journals and Newsletters

Family Child Caring. Redleaf Press. Quarterly.

Family Day Care Bulletin. The Children's Foundation, 815 15th St., N.W., Suite #928, Washington, D.C. 20005.

Young Children. NAEYC. Monthly.

DIRECTORY

Child Care Licensing

Division of Family and Youth Services (DFYS)

For licensing information, contact the nearest DFYS Family Services Office. If there is no Office in your community, contact the Regional Office.

DFYS State Office
PO Box 110630
Juneau, AK 99811-0630
(907) 465-3170

Southeast Field Offices

Southeast Regional Office
Wildmeadow Bldg., Ste 305
10002 Glacier Highway
Juneau, AK 99801
(907) 790-3221

Craig Family Services
PO Box 254
Craig, AK 99921
(907) 826-3266

Haines Family Services
PO Box 189
Haines, AK 99827
(907) 766-2608

Juneau Family Services
Wildmeadow Bldg., Ste. 100
10002 Glacier Highway
Juneau, AK 99801
(907) 790-3053

Ketchikan Family Services
State Bldg., Room 201
415 Main Street
Ketchikan, AK 99901
(907) 225-6611

Petersburg Family Services
PO Box 1089
Petersburg, AK 99833
(907) 772-3565

Sitka Family Services
210 A Moller Street
Sitka, AK 99835
(907) 747-8608

Wrangell Family Services
PO Box 970
Wrangell, AK 99929
(907) 874-3789

Southcentral Field Offices

Southcentral Regional Office
550 West 8th Ave., Ste. 304
Anchorage, AK 99501
(907) 265-5095

Anchorage Family Services
550 West 8th Ave., Ste. 300
Anchorage, AK 99501
(907) 276-1450

Cordova Family Services
PO Box 1688
Cordova, AK 99574
(907) 424-7133

Dillingham Family Services
Bristol Inn Mall
PO Box 1290
Dillingham, AK 99576
(907) 842-2341

Eagle River Family Services
Parkgate Bldg., Ste. 113
11723 Old Glenn Highway
Eagle River, AK 99577
(907) 694-9546

Glenallen Copper Center Family Services
PO Box 314
Copper Center, AK 99573
(907) 822-3089

Homer Family Services
Lakeside Mall
3858 Lake St., Ste. 1
Homer, AK 99603
(907) 235-7114

Kenai Family Services
110 Trading Bay, Ste. 160
Kenai, AK 99611
(907) 283-3136

Kodiak Family Services
Griffin Bldg., Ste. 215
316 Mission Road
Kodiak, AK 99615
(907) 486-6174

Mat-Su Family Services
268 East Fireweed
Palmer, AK 99645
(907) 745-1701

Naknek Family Services
PO Box 52
Naknek, AK 99633
(907) 246-6642

Seward Family Services
PO Box 148
Seward, AK 99664
(907) 224-5236

St. Paul Family Services
PO Box 213
St. Paul, AK 99660
(907) 546-2220

Unalaska Family Services
General Delivery
Unalaska, AK 99685
(907) 581-1236

Valdez Family Services
PO Box 750
Valdez, AK 99686
(907) 835-4789

Northern Field Offices

Northern Regional Office
751 Old Richardson Highway
Number 300
Fairbanks, AK 99701-7899
(907) 451-2650

Aniak Family Services
PO Box 149
Aniak, AK 99557
(907) 675-4377

Barrow Family Services
PO Box 1079
Barrow, AK 99723
(907) 852-3397

Bethel Family Services
PO Box 328
Bethel, AK 99559
(907) 543-3141

Delta Family Services
PO Box 686
Delta Junction, AK 99737
(907) 895-4452

Fairbanks Family Services
751 Old Richardson Highway
Number 300
Fairbanks, AK 99701-7899
(907) 451-2650

Fort Yukon Family Services
PO Box 149
Fort Yukon, AK 99740
(907) 662-2331

Galena Family Services
PO Box 239
Galena, AK 99741
(907) 656-1667

Kotzebue Family Services
PO Box 370
Kotzebue, AK 99752
(907) 442-3226

Kwigillingok Family Services
PO Box 69
Kwigillingok, AK 99622
(907) 588-8627

McGrath Family Services
PO Box 81
McGrath, AK 99627
(907) 524-3848

Mountain Village Family Services
PO Box 155
Mountain Village, AK 99632
(907) 591-2613

Nenana Family Services
PO Box 444
Nenana, AK 99760
(907) 832-5204

Nome Family Services
PO Box 910
Nome, AK 99762
(907) 443-5247

Tok Family Services
PO Box 169
Tok, AK 99780
(907) 883-4692

Child Care Licensing Municipality of Anchorage

Anchorage Dept. of Health & Human Services, Child Care Unit
P.O. Box 196650
Anchorage, AK 99519-6650
(907) 343-4657

Alaska Business License

Alaska Dept. of Commerce and Economic Development
Division of Occupational Licensing
P.O. Box 110806
Juneau, AK 99811-0806
(907) 465-2550

Child Care Assistance Program

Alaska Dept. of Community and Regional Affairs
Child Care Programs
333 West 4th Avenue, Suite 220
Anchorage, AK 99501-2341
(907) 269-4670

Child Care Food Program

Alaska Dept. of Education
Attn: Suzy Greeley
801 W. 10th Street, Suite 200
Juneau, AK 99801-1894
(907) 465-8711

Child Care Grant Program

Alaska Dept. of Community and Regional Affairs
Child Care Programs
333 West 4th Avenue, Suite 220
Anchorage, AK 99501-2341
(907) 269-4670

Child Care Resource & Referral Agencies

Child Care Connection
201 Barrow St., Ste. 103
Anchorage, AK 99501
(907) 278-4588

Child Care Options
1401 Kellum Street
Fairbanks, AK 99701
(907) 456-2866

Child Care Resources
9095 Glacier Highway
Juneau, AK 99801
(907) 789-5523

Criminal History Clearance

Alaska Dept. of Public Safety,
Records and Identification
5700 E. Tudor Rd.
Anchorage, AK 99507
(907) 269-5790

Environmental Health

Alaska Dept. of Environmental Conservation, Division of Environmental Health
410 Willoughby Ave, Ste.105
Juneau, AK 99801-1795
(907) 564-5280

Fire Safety

Alaska Division of Fire Prevention
State Fire Marshal
5700 E. Tudor Rd.
Anchorage, AK 99507-1225
(907) 269-5491

Alaska Division of Fire Prevention
Southcentral Region
5700 E. Tudor Rd.
Anchorage, AK 99507-1225
(907) 269-5604

Alaska Division of Fire Prevention
Southeastern Region
P.O. Box 111200
Juneau, AK 99811-1200
(907) 465-5522

Alaska Division of Fire Prevention
Northern Region
1979 Peger Rd.
Fairbanks, AK 99701-5298

Immunization

Alaska Division of Public Health
Section of Epidemiology
3601 "C" St., Suite 540
Anchorage, AK 99524-0249
(907) 561-4406

Selected Professional Associations

Action for Alaska's Children
2363 Captain Cook Drive
Anchorage, AK 99517

Adults & Childrens Alliance
2885 Country Drive, Suite 165
St. Paul, MN 55117
(612)-481-9320; 800-433-8108

Alaska Association for the Education of Young Children
1805 Bunker
Anchorage, AK 99503
(907) 274-7793

Alaska Family Child Care Assoc.
1569 S. Bragaw, Suite 102
Anchorage, AK 99508
(907) 344-5437

Council for Early Childhood Professional Recognition
CDA Assessment System
1718 Connecticut Avenue, N.W., Suite 500
Washington, D.C. 20005
800-424-4310; (202) 265-9090

Kidpak
P.O. Box 22156
Juneau, AK 99802

National Association for Family Child Care (NAFCC)
725 15th St., N.W., Suite 505
Washington, D.C. 20005
800-359-3817; (202) 347-3356

National Association for the Education of Young Children (NAEYC)
1509 16th Street, N.W.
Washington, D.C. 20036-1426
800-424-2460; (202) 232-8777

Selected Sources for Books and Supplies

Constructive Playthings
1227 East 119th St.
Grandview, Missouri 64030
800-448-4115

Lakeshore Learning Materials
2695 E. Dominguez St.
P.O. Box 6261
Carson, CA 90749
800-421-5354

National Association for the Education of Young Children (NAEYC)
1509 16th St., N.W.
Washington, DC 20036-1426
800-424-2460; (202) 232-8777

Redleaf Press
450 North Syndicate, Suite 5
St. Paul, MN 55104-4125
1-800-423-8309

Wildwood Resources
9085 East Mineral Circle, Suite 300
Englewood, CO 80112
1-800-359-9453 (including AK)

University of Alaska -- Early Childhood Programs

University of Alaska, Anchorage
Attn: Jan Porterfield
3211 Providence Dr.
Anchorage, AK 99508-4675
(907) 786-1437

University of Alaska, Fairbanks
Attn: Jo Kuykendall
UAF Downtown Center, 510 Second Avenue
Fairbanks, AK 99701
(907) 474-6658

University of Alaska, Southeast
Attn: Kay Greenough
11120 Glacier Avenue
Juneau, AK 99801
(907) 465-6417

For information contact:
Alaska Department of Health and Social Services
Division of Family and Youth Services
P.O. Box 110630
Juneau, Alaska 99811-0630
Phone (907) 465-3170

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